

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000039283

1. Entity Name  
OLIVE OYL, INC.

**FILED**  
**Jan 13, 2001 8:00 am**  
**Secretary of State**

01-13-2001 90061 012 \*\*\*150.00

Principal Place of Business  
1221 MAGDALENE GROVE AVENUE  
TAMPA FL 33613-2024

Mailing Address  
325 WEST SHORE PLAZA  
TAMPA FL 33609  
US

2. Principal Place of Business  
325 West Shore Plaza

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Tampa FL

City & State

4. FEI Number 59-3380950

Applied For  
Not Applicable

Zip  
33609

Country  
USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAMPBELL, THOMAS G  
1221 MAGDALENE GROVE AVENUE  
TAMPA FL 33613-2024

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *Joan Campbell*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 1/8/01

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
CAMPBELL, JOAN  
1221 MAGDALENE GROVE AVENUE  
TAMPA FL 33613-2024 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
CAMPBELL, THOMAS G  
1221 MAGDALENE GROVE AVENUE  
TAMPA FL 33613-2024 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
LEAVINE, BARBARA A  
505 BAYLAND  
HOUSTON TX 77009 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
LEAVINE, WILBURN W  
505 BAYLAND  
HOUSTON TX 77009 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joan Campbell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 1/8/01 813281-2555  
Daytime Phone #

0344018

CR2E034 (10/00)