

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000000804

1. Entity Name

MOUNTAIN VIEW VENTURES, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90384 027 ***150.00

Principal Place of Business

Mailing Address

515 N. FLAGLER DR., #1450
 WEST PALM BEACH FL 33401

515 N. FLAGLER DR., #1450
 WEST PALM BEACH FL 33401-4327

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

56-1835266

Applied For

Not Applicable

Zip

Country

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

KIDSTON, ALLAN L
 515 N. FLAGLER DR., #1450
 WEST PALM BEACH FL 33401

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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 DC ☐ Delete
 NAME PARSONS, DONALD H
 STREET ADDRESS 515 N. FLAGLER DR., #1450
 CITY-ST-ZIP WEST PALM BEACH FL 33401

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

TITLE PSD ☐ Delete
 NAME KIDSTON, ALLAN L
 STREET ADDRESS 515 N. FLAGLER DR., #1450
 CITY-ST-ZIP WEST PALM BEACH FL 33401

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

TITLE ~~S~~ ☒ Delete
 NAME ~~TUCKER, DONNA~~
 STREET ADDRESS ~~HIGHWAY 107-6~~
 CITY-ST-ZIP ~~CASHIERS NC 28717~~

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

TITLE VS ☐ Delete
 NAME WILLSON, TOM
 STREET ADDRESS PO BOX 480 - NA
 CITY-ST-ZIP CASHIERS NC 28717

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

TITLE S ☐ Delete
 NAME DUMONT, CLARE
 STREET ADDRESS RIVER RD., PO BOX 290
 CITY-ST-ZIP PAWLEY'S ISLAND SC 29585

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

TITLE VS ☐ Delete
 NAME RYAN, ARTHUR
 STREET ADDRESS 515 N FLAGER DR #1450
 CITY-ST-ZIP WEST PALM BEACH FL

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)