

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2001 8:00 am
Secretary of State

08-21-2001 90032 013 ***558.75

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DOCUMENT # F97000000804

1. Entity Name

MOUNTAIN VIEW VENTURES, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

625 N. Flagler Dr.
 Suite, Apt. #, etc.

3. Mailing Address

625 N. Flagler Dr.
 Suite, Apt. #, etc.

City & State

**West Palm Beach
 33401**

City & State

**West Palm Beach
 33401**

4. FEI Number

56-1835266

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

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

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

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

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

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

TITLE **VS** ☐ Delete
 NAME **Jeffrey W. Van Treese**
 STREET ADDRESS **625 N. Flagler Dr., #600**
 CITY-ST-ZIP **West Palm Beach, FL 33401**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **T** ☐ Change ☒ Addition
 NAME **Lyles, Jackie L.**
 STREET ADDRESS **River Rd. P.O. Box 290**
 CITY-ST-ZIP **Pawleys Island, SC 29585**

TITLE **VS** ☐ Change ☐ Addition
 NAME **WILLSON-TOM**
 STREET ADDRESS **PO BOX 480 NA**
 CITY-ST-ZIP **CASHIERS NC 28717**

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

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

TITLE **VS** ☐ Change ☐ Addition
 NAME **Jeffrey W. Van Treese**
 STREET ADDRESS **625 N. Flagler Dr., #600**
 CITY-ST-ZIP **West Palm Beach, FL 33401**

13. I hereby certify that the information furnished 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

843-237-1106

CR2E034 (5/01)