

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003237

1. Entity Name

MOUNTAIN MOVERS INSTITUTE, INC.

Principal Place of Business

2643 WOODWIND HILLS LANE
LAKELAND FL 33813

Mailing Address

P.O. BOX 663
HIGHLAND CITY FL 33846

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3579092

Applied For
Not Applicable

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

BISH, NORETA
2643 WOODWIND HILLS LANE
LAKELAND FL 33813

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
BISH, NORETA
2643 WOODWIND HILLS LANE
LAKELAND FL 33813 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President
Cheri Legg
1626 Gray Rd.
Eagle Lake, FL 33839 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
ADAMS, HEATHER
4195 WINGO ST
TEQUESTA FL 33469 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary/Treasurer
Chris Craig
1100 Oakbridge Pkwy #252
Lakeland, FL 33803 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DTS
LOAR, GARY
1312 COVEY CIR. N.
LAKELAND FL 33809 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Richard Dreyer
1855 Margaret Ave
Bartow, FL 33830 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Phillip Woody
3853 Feather Dr.
Lakeland, FL 33813 ☐ 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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Noreta K. Bish
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-02

863-701-9240

Date

Daytime Phone #

CR2E037 (9/01)