

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State
 04-04-2001 90126 018 ***150.00

0381987

DOCUMENT # P00000026030

1. Entity Name
MOUNTAIN FALLS, INC.

Principal Place of Business
**424 FLAGLER ROAD SE
 WINTER HAVEN FL 33884**

Mailing Address
**424 FLAGLER ROAD SE
 WINTER HAVEN FL 33884**

2. Principal Place of Business

3. Mailing Address

P.O. Box 8070

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Winter Haven, FL

4. FEI Number

59-3701153

Applied For

Not Applicable

Zip

Country

Zip

Country

33884-8070

USA

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

**WORKMAN, DAVID G
 424 FLAGLER ROAD SE
 WINTER HAVEN FL 33884**

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, 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 WORKMAN, DAVID G 424 FLAGLER ROAD SE WINTER HAVEN FL 33884	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID G. WORKMAN

Date

Daytime Phone #

4-1-01 863-324-2995

CR2E034 (10/00)