

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90150 048 \*\*\*158.75

**DOCUMENT # P92000001380**

**1. Entity Name**  
**MT EQUITY CORP.**

**Principal Place of Business**

**1629 WINCHESTER ROAD**  
**MEMPHIS TN 38116**  
**US**

**Mailing Address**

**8505 WEST TRIO BRONSON**  
**MEMORIAL HWY**  
**KISSIMMEE FL 34747**  
**US**

**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**

**59-3159649**

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**

**LOWER, BRIAN T**

**8505 WEST IRLO BRONSON MEMORIAL HIGHWAY**  
**KISSIMMEE FL 34747-8201**

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, 2002 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 **PD** ☐ Delete  
 NAME **WILSON, ROBERT A**  
 STREET ADDRESS **1629 WINCHESTER ROAD**  
 CITY-ST-ZIP **MEMPHIS TN**

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

TITLE **VPT** ☐ Delete  
 NAME **BATT, BILL**  
 STREET ADDRESS **1629 WINCHESTER ROAD**  
 CITY-ST-ZIP **MEMPHIS TN 38116**

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

TITLE **VD** ☐ Delete  
 NAME **WITHERINGTON, JIM**  
 STREET ADDRESS **1629 WINCHESTER ROAD**  
 CITY-ST-ZIP **MEMPHIS TN**

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

TITLE **S** ☐ Delete  
 NAME **WALLIN, R.E.**  
 STREET ADDRESS **1629 WINCHESTER RD.**  
 CITY-ST-ZIP **MEMPHIS TN**

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

TITLE **D** ☐ Delete  
 NAME **MOORE, BETTY WILSON**  
 STREET ADDRESS **1629 WINCHESTER ROAD**  
 CITY-ST-ZIP **MEMPHIS TN**

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

TITLE **D** ☐ Delete  
 NAME **WILSON, SPENCE**  
 STREET ADDRESS **1629 WINCHESTER ROAD**  
 CITY-ST-ZIP **MEMPHIS TN 38116**

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 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:**

*William R. Batt*

**William R. Batt, Vice President 4-23-02 901.346.8800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20034 (9/01)

ATTACH # P92000001380/648453

**MT EQUITY**  
**(FEI # 59-3159649)**

**8505 West Irlo Bronson Memorial Hwy.**  
**Kissimmee, FL 34747**

Spence Wilson	D
Robert A. Wilson	D/P
Betty Wilson Moore	D
Jim Witherington	D/VP
William R. Batt	ExecutiveVP/T
R.E. Wallin	S
Chip Crenshaw	Asst. T/Asst. S
Amy Jarreau	Asst. S
Gary McClain	Asst. T

D=Director, C=Chairman, P=President, CEO=Chief Executive Officer, CFO=Chief Financial Officer, Sr. VP=Senior Vice President, VP=Vice President, S=Secretary, T=Treasurer, Asst.=Assistant