

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000083478

1. Entity Name
MOUNTAINEER, INC.

FILED
Jul 21, 2000 8:00 am
Secretary of State

07-21-2000 90157 037 ***550.00

Principal Place of Business

3649 MCKINLEY AVE.
3649 MCKINLEY AVE
FORT MYERS FL 33901
US

Mailing Address

3649 MCKINLEY ACW
FORT MYERS FL 33901
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3472680

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

FORD, BUDDY D
115 N. MACDILL AVENUE
TAMPA FL 33609

Name

CLARENCE S. MEIER

Street Address (P.O. Box Number is Not Acceptable)

3649 MCKINLEY AVE.

City

FORT MYERS

FL

Zip Code

33901

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 13, 2000 Min. 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME MEIER, CLARENCE S
STREET ADDRESS 3649 MCKINLEY AVE
CITY-ST-ZIP FORT MYERS FL 33901 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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:

Clarence S. Meier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/17/00
Date

941-274-0204
Daytime Phone #

CR2E034 (1/00)