

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F92000000709

1. Entity Name

FAIRWIND CORP. OF NORTH CAROLINA

**FILED**  
**Sep 05, 2000 8:00 am**  
**Secretary of State**

09-05-2000 90041 028 \*\*\*550.00

Principal Place of Business

6154 GOSHEN ROAD  
 NEWTOWN SQUARE PA 19073

Mailing Address

~~6154 GOSHEN ROAD~~ 912 N. PROVIDENCE RD.  
 NEWTOWN SQUARE PA 19073

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 23-2623291

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

GAY, LAMAR  
 633 TIMBERLANE ROAD  
 TALLAHASSEE FL 32312

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 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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 PTCO - GANSKY, PAUL  
 6154 GOSHEN ROAD  
 NEWTOWN SQUARE PA 19073 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☒ Change ☐ Addition  
 912 N. PROVIDENCE RD.

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 V GANSKY, ESTHER B  
 6154 GOSHEN ROAD  
 NEWTOWN SQUARE PA 19073 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☒ Change ☐ Addition  
 912 N. PROVIDENCE RD.

TITLE  
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 STREET ADDRESS  
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☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 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 lists empowered.

SIGNATURE:

*Signature*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)