

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000836

1. Entity Name

WIND CANYON (EDUCATION), INC.

Principal Place of Business

1210 WINDWARD CIR
NICEVILLE FL 32576
US

Mailing Address

PO BOX 1445
NICEVILLE FL 32588-1445

2. Principal Place of Business

815 ST. PIERRE COVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3427189

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JAQUITH, GEORGE

1210 WINDWARD CIR #15
NICEVILLE FL 32578

7. Name and Address of New Registered Agent

Name

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

815 ST. PIERRE COVE

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

George Jaquith

GEORGE JAQUITH

4-28-00

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

TITLE D ☐ Delete
NAME JAQUITH, GEORGE
STREET ADDRESS 1023 STEPHEN DRIVE
CITY-ST-ZIP NICEVILLE FL 32578

TITLE D ☐ Delete
NAME HOLDEN, HENRY M
STREET ADDRESS 14 ALPINE DRIVE
CITY-ST-ZIP RANDOLPH NJ 07869

TITLE D ☐ Delete
NAME BOSTWICK, FRANK A
STREET ADDRESS 100 SPARROW DR #15
CITY-ST-ZIP ROYAL PALM BCH FL 33411

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 4225 TANGLEWOOD EAST #425
CITY-ST-ZIP PALM BEACH GARDENS, FL 33411

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

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

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

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:

George Jaquith GEORGE JAQUITH 4-28-00 850-729-1111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)