

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000836

1. Entity Name

WIND CANYON (EDUCATION), INC.

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 90986 029 ****61.25

340003



DO NOT WRITE IN THIS SPACE

Principal Place of Business

815 ST PIERRE COVE
NICEVILLE FL 32576
US

Mailing Address

PO BOX 1445
NICEVILLE FL 32588

2. Principal Place of Business

3. Mailing Address

PO Box 702

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NICEVILLE, FL

Zip

Country

32588

Country

US

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

7. Name and Address of New Registered Agent

Name

BECKY JAQUITH

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

815 ST. PIERRE COVE

City

NICEVILLE

FL

Zip Code

32578

~~JAQUITH, GEORGE~~
815 ST PIERRE COVE
NICEVILLE FL 32578

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

Becky Jaquith *Becky Jaquith*

4/27/01

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	JAQUITH, GEORGE	
STREET ADDRESS	1023 STEPHEN DRIVE	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HOLDEN, HENRY M	
STREET ADDRESS	14 ALPINE DRIVE	
CITY-ST-ZIP	RANDOLPH NJ 07860	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOSTWICK, FRANK A	
STREET ADDRESS	100 SPARROW DR #15	
CITY-ST-ZIP	ROYAL PALM BCH FL 33411	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	665 S. WESTERN AVENUE	
STREET ADDRESS	BRAWLEY, CA 92227	
CITY-ST-ZIP		
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALAN ABEL	
STREET ADDRESS	166 LOLA	
CITY-ST-ZIP	DESTIN, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Becky Jaquith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-01

760-344-5545

Date

Daytime Phone #

CR2E037 (10/00)