

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 28, 2001 08:00 AM**
Secretary of State**DOCUMENT # N98000004543****1. Entity Name**
WEST COAST EDUCATIONAL INC.**Principal Place of Business**
6910 N.W. 2ND TERRACE
BOCA RATON FL 33487**Mailing Address**
6910 N.W. 2ND TERRACE
BOCA RATON FL 33487**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
☐ 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**LACY WILLIAM R
6910 N.W. 2ND TERRACE
BOCA RATON FL 33487Name
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 WILLIAM R LACY** **04/28/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) 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	DV	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LACY DAN III		NAME	LACY DAN III	
STREET ADDRESS	2110 GOLDCAMP RD.		STREET ADDRESS	2110 GOLDCAMP RD.	
CITY-ST-ZIP	COLORADO SPRINGS CO 80906		CITY-ST-ZIP	COLORADO SPRINGS CO 80906	
TITLE	DS	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LACY LUCILLE A		NAME	LACY LUCILLE A	
STREET ADDRESS	6910 N.W. 2ND TERRACE		STREET ADDRESS	6910 N.W. 2ND TERRACE	
CITY-ST-ZIP	BOCA RATON FL 33487		CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	DP	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LACY WILLIAM R		NAME	LACY WILLIAM R	
STREET ADDRESS	6910 N.W. 2ND TERRACE		STREET ADDRESS	6910 N.W. 2ND TERRACE	
CITY-ST-ZIP	BOCA RATON FL 33487		CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(f), 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: WILLIAM R LACY** **PD** **04/28/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)