FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## Feb 14, 2001 8:00 am DOCUMENT # **P97000057798 Secretary of State** 1. Entity Name 02-14-2001 90012 033 \*\*\*150.00 WINDWARD SAILING SCHOOL, INC. Principal Place of Business Mailing Address Fernandina Harbor Marina 102 S. 10TH ST 7 KD 0 B 8 FERNANDINA BEACH FL 32034 1 FRONT STREET FERNANDINA BEACH FL 32034 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3457362 Not Applicable Country \$8.75 Additional Country 5...Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent 10masseHi MURPHY, TRAVIS M ESQ. 205 1/2 CENTRE ST. FERNANDINA BEACH FL 32034 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Atter MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition ☐ Delete TITLE TITLE WEAVER, CHARLES WEAVER, CHARLES S NAME NAME 102 SOUTH 10th ST. FERNANDINA BEACH, FC 32034 1417 SADLER ROAD #344 STREET ADDRESS STREET ADDRESS FERNANDINA BEACH FL 32034 CITY-ST-7IP CITY-ST-ZIP WEAVER SANDRA M. 102 SOUTH 10th ST TITLE ☐ Delete TITLE WEAVER, SANDRA M NAME NAME 1417 SADLER ROAD #344-STREET ADDRESS STREET ADDRESS FERNANDINA BEACH, & 32034 CITY-ST-ZIP CITY-ST-ZIP FERNANDINA BEACH FL 32034 -☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE □ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7JP CITY ST-7IP TITLE □ Delete TITLE ☐ Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP 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

CHARLES S. WEAUM PAS JANY 2001 904-261-9125
GOFFICER OR DIRECTOR
Date
Date
Daytime Phone #