2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # N99000006524 May 12, 2000 8:00 am 1. Entity Name Secretary of State GENESIS PREPARATORY SCHOOL OF GAINESVILLE, INC. 05-12-2000 90077 020 ****70.00 Principal Place of Business Mailing Address 2336 N.E. 3RD PLACE 2336 N.E. 3RD PLACE GAINESVILLE FL 32641-5903 GAINESVILLE FL 32641 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State -363348 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired -- - -Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ENWALL, PETER C.K. 2790 N.W. 43RD STREET, SUITE 200 **GAINESVILLE FL 32606** Zip Code City FL 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) Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. President ☐ Addition CR2E037 (9/99) TITLE ☐ Change TITLE ☐ Delete Coy R. Bost NAME NAME STREET ADDRESS STREET ADDRESS P.O. Box 13806 CITY-ST-ZIP CITY-ST-ZIP Gainesville, Florida 3260I ☐ Change Addition ☐ Delete TITLE TITLE Jeanhe Davisy NAME NAME 1812 N. W. 6th Avenue STREET ADDRESS STREET ADDRESS Gainesville, Florida3260 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete TITLE Asst. Secretary NAME NAME Ida Moore STREET ADDRESS STREET ADDRESS 505 Nesvilleth Fit 32601 CITY-ST-ZIP CITY-ST-ZIP Treasurer ☐ Change Addition TITLE TITLE ☐ Defete NAME Teresa Osoba NAME STREET ADDRESS STREET ADDRESS 1359 N. E. 31st Avenue CITY-ST-ZIE CITY-ST-ZIP <u>Gainesville, Florida 32609</u> Administrator /Director Change ☐ Addition TITLE Delete TITLE NAME Charmaine B. Henry STREET ADDRESS STREET ADDRESS 2336 N. E. 3rd Place CITY-ST-ZIP CITY-ST-ZIP Gainesville, Florida ☐ Addition TITLE ☐ Delete TITLE ☐ Change Board Member Director NAME NAME Patricia R. West STREET ADDRESS STREET ADDRESS 5217 S. W. 79th Terrace 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)(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 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 the amount of the corporation or an attachment with an address with the amount of the corporation of the corporat

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

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