

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90076 025 \*\*\*\*70.00

**DOCUMENT # 730972**

1. Entity Name  
**GENESIS HOUSE, INC.**

Principal Place of Business  
**814 MELBOURNE AVENUE  
 MELBOURNE, FL 32901**

Mailing Address  
**P.O. BOX 2044  
 MELBOURNE, FL 32902**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 City & State

Zip  
 Country

4. FEI Number  
**59-1593818**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ALLEN, MARY  
 145 ORLANDO BLVD.  
 INDIALANTIC, FL 32903**

7. Name and Address of New Registered Agent

Name  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE 3. SD NAME HEALY, AGNES STREET ADDRESS 2430 NEW YORK ST. CITY-ST-ZIP W. MELBOURNE, FL 32904	<input type="checkbox"/> Delete
TITLE D NAME BYARS, MARY STREET ADDRESS 698 JACKSON COURT CITY-ST-ZIP SATELLITE BEACH, FL 32937	<input type="checkbox"/> Delete
TITLE DP NAME ALLEN, MARY STREET ADDRESS 145 ORLANDO BLVD. CITY-ST-ZIP INDIALANTIC, FL 32903	<input type="checkbox"/> Delete
TITLE STD NAME MARIAN, VONNIE STREET ADDRESS 2085 SOUTH RIVER ROAD CITY-ST-ZIP MELBOURNE BEACH, FL 32951	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

**SIGNATURE: *Vonnie Marian* VONNIE MARIAN TREASURER 4-23-01 321-951-9798**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)