

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90052 013 ***150.00

DOCUMENT # F89448

1. Entity Name

GENESIS MANAGEMENT SERVICES, INC.

Principal Place of Business

Mailing Address

UNIVERSITY BLVD. S.
 SUITE 840
 JACKSONVILLE FL 32216

3627 UNIVERSITY BLVD. S.
 SUITE 840
 JACKSONVILLE FL 32216-7404

2. Principal Place of Business

3599 University Blvd., S.

3. Mailing Address

3599 University Blvd., S.

Suite, Apt. #, etc.
Suite B

Suite, Apt. #, etc.
Suite B

City & State
Jacksonville, FL

City & State
Jacksonville, FL

Zip
32216

Country

Zip
32216

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2183211**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

GEIGER, ALLAN T.
1301 RIVERPLACE BLVD. SUITE 1500
ROGERS, TOWERS, BAILEY, JONES & GAY
JACKSONVILLE FL 32207

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DCP
FIELDS, ZACHARY
55251 EMERSON STREET
JACKSONVILLE FL 32207 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D/P ☒ Change ☐ Addition
3599 University Blvd., S., Suite B

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DSTV
BAER, DOUGLAS M.
3627 UNIVERSITY BLVD SO
JACKSONVILLE FL ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☒ Change ☐ Addition
3599 University Blvd., S., Suite B

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D ☒ Delete
SNEED, GARY W.
8948 WESTERN WAY, STE. 6
JACKSONVILLE FL 32256

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D ☐ Delete
BROWN, J. BROOKS M.D.
3627 UNIVERSITY BLVD. S.
JACKSONVILLE FL

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☒ Change ☐ Addition
3599 University Blvd., S., Suite B

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☒ Addition
D/C
Johnson, Bruce M.
121 W. Forsyth Street
Jacksonville, FL 32201

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☒ Addition
D
Busse, David H.
4355 Galileo Ave.
Jacksonville, FL 32210

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/00

904-858-7474

Daytime Phone #

CR2E034 (9/99)

7841178
00081667

GENESIS MANAGEMENT SERVICES, INC.

The following are additions:

Title: D

Carter, Stanley W.
P.O. Box 83
Jacksonville, FL 32219

Title: D

Hutton, Donald H.
3599 University Blvd., S.
Jacksonville, FL 32216

Title: D

Pearce, Herbert R., M.D.
4903 River Basin Drive, S.
Jacksonville, FL 32207