

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000006622

1. Entity Name
GENEVA COLLEGE CORPORATION

Principal Place of Business

3200 COLLEGE AVENUE
BEAVER FALLS PA 15010-3599

Mailing Address

3200 COLLEGE AVENUE
BEAVER FALLS PA 15010-3557

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

25-0965376

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WHITE, JOHN H
1009 - 1015 MAITLAND CENTER
MAITLAND FL 32751-7130

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

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

TITLE PC ☐ Delete
NAME WHITE, JOHN H
STREET ADDRESS 320 FOURTH AVENUE
CITY-ST-ZIP BEAVER FALLS PA 15010

TITLE V ☐ Delete
NAME BOELKINS, JAMES N
STREET ADDRESS 2440 DARLINGTON ROAD
CITY-ST-ZIP BEAVER FALLS PA 15010

TITLE TV ☐ Delete
NAME MACDONALD, JAMES
STREET ADDRESS 185 JAMET STREET X
CITY-ST-ZIP BEAVER FALLS PA 15010 XXX

TITLE C ☐ Delete
NAME LAMONT, JOSEPH DR JR
STREET ADDRESS 4233 NORTHEAST 75TH STREET
CITY-ST-ZIP SEATTLE WA 98121

TITLE VC ☐ Delete
NAME SMITH, KEN A
STREET ADDRESS 5018 BEEF STREET
CITY-ST-ZIP SYRACUSE NY 13215

TITLE D ☐ Delete
NAME LYNN, JOYCE E
STREET ADDRESS 63 DARLINGTON ROAD APT. C7
CITY-ST-ZIP BEAVER FALLS PA 15010

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE TV ☒ Change ☐ Addition
NAME Prince, James
STREET ADDRESS 3200 College Avenue
CITY-ST-ZIP Beaver Falls, PA 15010

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN H. WHITE

1-6-00

Date

724 847 6541

Daytime Phone #

CR2E037 (9/99)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90292 016 ****61.25

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DO NOT WRITE IN THIS SPACE