

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NO1000007448

1. Entity Name

THE-GENESIS FOUNDATION INTERNATIONAL, INC.

FILED

May 28, 2002 8:00 am
Secretary of State

05-28-2002 91631 029 ****61.25

Principal Place of Business

900 ORCHID SPRINGS DRIVE
SUITE A
WINTER HAVEN FL 33884

Mailing Address

900 ORCHID SPRINGS DRIVE
SUITE A
WINTER HAVEN FL 33884

2. Principal Place of Business

1000 5th St. SE

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Winter Haven, FL

City & State

Zip

33880

Country

USA

Zip

Country

4. FEI Number

59-3757276

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LUMBERSON, JAMES C
900 ORCHID SPRINGS DRIVE
SUITE A
WINTER HAVEN FL 33884

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)

5-1-02

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME LEAR, RICK
STREET ADDRESS 1549 FOXRIDGE RUN, S.W.
CITY-ST-ZIP WINTER HAVEN FL 33880

☐ Delete

TITLE D
NAME SIEWERT, OTIS
STREET ADDRESS 5944 SILVER FOX DRIVE, S.E.
CITY-ST-ZIP WINTER HAVEN FL 33884

☐ Delete

TITLE D
NAME LUMBERSON, JAMES C
STREET ADDRESS 900 ORCHID SPRINGS DRIVE
CITY-ST-ZIP WINTER HAVEN FL 33884

☐ Delete

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CITY-ST-ZIP

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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

5-1-02

Date

401-9934

Daytime Phone #

CR2E037 (9/01)