

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2001 8:00 am
Secretary of State

07-25-2001 90013 024 ****61.25

DOCUMENT # N22223

1. Entity Name

CAMP HENRY RIVER RESCUE, INC.

Principal Place of Business

Mailing Address

C/O PAMELA B GENAW
 6915 ALPERT DRIVE
 ORLANDO FL 32810
 US

C/O PAMELA B GENAW
 6915 ALPERT DRIVE
 ORLANDO FL 32810
 US

LA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2955770

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GENAW, PAMELA B
 6915 ALPERT DRIVE
 ORLANDO FL 32810

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	D	<input type="checkbox"/> Delete
NAME	GENAW, DAVID L	
STREET ADDRESS	1275 HIBISCUS LANE	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GENAW, PAMELA B	
STREET ADDRESS	6915 ALPERT DR	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	D	<input type="checkbox"/> Delete
NAME	GENAW, KATHY	
STREET ADDRESS	STAR ROUTE 522	
CITY-ST-ZIP	GEORGETOWN FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILKINSON, BARNEY A	
STREET ADDRESS	P.O. BOX 1133	
CITY-ST-ZIP	PALATKA FL 32178	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.

SIGNATURE

[Signature] PAMELA B GENAW 7/14/01 407-295-5788

CR2E037 (10/00)