

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N49757

1. Entity Name

GENESIS PREPARATORY SCHOOL, INC.

Principal Place of Business

7710 OSTEEN RD.
NEW PORT RICHEY FL 34653
US

Mailing Address

7710 OSTEEN RD.
NEW PORT RICHEY FL 34653
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3138484

Applied For

Not Applicable

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

NURRENBROCK, MELISSA
7710 OSTEEN RD.
NEW PORT RICHEY FL 34653

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUDSON, LEILA 883 ROYAL BIRKDALE DRIVE TARPON SPRINGS FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NURRENBROCK, MELISSA 7710 OSTEEN RD NEW PORT RICHEY FL 34653	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCALA, LAURIE 2716 ST ANDREWS BLVD TARPON SPRINGS FL 34689	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CLARK MIKE 7535 VALENCIA AVE PORT RICHEY FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ACKLEY, EVA 5012 W. SHORE DR. NEW PORT RICHEY FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DELMONICO, ERNEST PO BOX 1318 ELFERS FL 34680	☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Allen Crombley court 10811 Panicom court New Port Richey, FL 34654	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: MELISSA NURRENBROCK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 16, 2001 (727) 846-8407
Date Daytime Phone #

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90094 011 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)