

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Jan 22, 2002 8:00 am**  
**Secretary of State**

01-22-2002 90017 004 \*\*\*\*61.25

**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 &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-3138484**Applied For  
Not Applicable5. 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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	HUDSON, LEILA	883 ROYAL BIRKDALE DRIVE	TARPON SPRINGS FL				
SD	NURRENBROCK, MELISSA	7710 OSTEEN RD	NEW PORT RICHEY FL 34653				
D	SCALA, LAURIE	2716 ST ANDREWS BLVD	TARPON SPRINGS FL 34689				
TD	CLARK MIKE	7535 VALENCIA AVE	PORT RICHEY FL				
D	ACKLEY, EVA	5012 W. SHORE DR.	NEW PORT RICHEY FL				
VD	CRUMBLY, ALLEN	10811 PANICUM CT	NEW PORT RICHEY FL 34654				

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 A. Nurrenbrock** **Melissa A. Nurrenbrock** **1/8/02 (727) 846-8407**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)