

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002680

1. Entity Name

THE GENEVA SCHOOL, INC.

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90153 008 \*\*\*\*61.25

Principal Place of Business

Mailing Address

410 RIDGE ROAD  
FERN PARK FL 32730  
US

410 RIDGE ROAD  
FERN PARK FL 32730-2232  
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

59-3195482

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

INGRAM, ROBERT  
506 BURNT TREE LANE  
SUITE 109  
APOPKA FL 32712

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          | D                         | <input type="checkbox"/> Delete |
| NAME           | INGRAM, MARJEAN           |                                 |
| STREET ADDRESS | 506 BURNT TREE LANE       |                                 |
| CITY-ST-ZIP    | APOPKA FL                 |                                 |
| TITLE          | PD                        | <input type="checkbox"/> Delete |
| NAME           | INGRAM, ROBERT            |                                 |
| STREET ADDRESS | 506 BURNT TREE LANE       |                                 |
| CITY-ST-ZIP    | APOPKA FL                 |                                 |
| TITLE          | D                         | <input type="checkbox"/> Delete |
| NAME           | ALEXANDER, LAURA G        |                                 |
| STREET ADDRESS | 2700 MIDDLESEX RD         |                                 |
| CITY-ST-ZIP    | ORLANDO FL 32803          |                                 |
| TITLE          | D                         | <input type="checkbox"/> Delete |
| NAME           | MAYNARD, JOHN             |                                 |
| STREET ADDRESS | 1230 E. LAKE COLONY DRIVE |                                 |
| CITY-ST-ZIP    | MAITLAND FL 32751         |                                 |
| TITLE          | D                         | <input type="checkbox"/> Delete |
| NAME           | SENEFF, DAYLE             |                                 |
| STREET ADDRESS | 1300 SUMMERLAND AVENUE    |                                 |
| CITY-ST-ZIP    | WINTER PARK FL 32789      |                                 |
| TITLE          | D                         | <input type="checkbox"/> Delete |
| NAME           | STUART, CROSLAND          |                                 |
| STREET ADDRESS | 1323 STEWART STREET       |                                 |
| CITY-ST-ZIP    | WINTER PARK FL 32789      |                                 |

|                |                   |                                                                              |
|----------------|-------------------|------------------------------------------------------------------------------|
| TITLE          | D                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Francis, Michael  |                                                                              |
| STREET ADDRESS | 2000 Dylan Way    |                                                                              |
| CITY-ST-ZIP    | Maitland FL 32751 |                                                                              |
| 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            |
| 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 all other like empowered.

SIGNATURE:

*Robert F. Ingram* ROBERT F. INGRAM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-00

Date

407-880-8673

Daytime Phone #

CR2E037 (9/99)