## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

410 RIDGE ROAD

FERN PARK FL 32730

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

## DOCUMENT # N93000002680

Country

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

410 RIDGE ROAD

FERN PARK FL 32730

Suite, Apt. #, etc.

City & State

Zip

,8.

**SIGNATURE** 

Principal Place of Business

2. Principal Place of Business

THE GENEVA SCHOOL, INC.



## **FILED** Jan 13, 2003 8:00 am § Secretary of State

01-13-2003 90842 039 \*\*\*\*61.25

20007012



☐ CHECK HERE IF MAKING CHANGES 4. FEI Number 59-3195482 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent

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

The characteristics to the state of the stat	FL	
The above named entity submits this statement for the purpose of changing its registered the obligations of registered agent	d office or registered agent, or both, in the State of Florida. I am fami	iliar with, and accept

Country

Name

(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be

Street Address (P.O. Box Number is Not Acceptable)

Make Check Payable to

Zin Code

				Fiorida Department of State		
10. OFFICERS AND DIRECTORS			11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	APOPKA FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Ingram, Robert 506 Burnt Tree Lane Apopka Fl	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP	D ALEXANDER, LAURA G 2700 MIDDLESEX RD ORLANDO FL 32803	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MAYNARD, JOHN 1230 E. LAKE COLONY DRIVE: MAITLAND FL 32751	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
NAME STREET ADDRESS, CITY-ST-ZIP	D	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	A restrict the season of the s	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	STUART, CROSLAND 1323 STEWART STREET WINTER PARK FL 32789	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		- Change	Addition

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 a address, with all other like empowered.

SIGNATURE: