

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002381

1. Entity Name

GENEVA ACADEMY OF DELAND, INC.

FILED

Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90270 001 ****61.25

Principal Place of Business

Mailing Address

811 ORANGE CAMP ROAD
DELAND FL 32724

811 ORANGE CAMP ROAD
DELAND FL 32724-0428

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3444642

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

TITCOMB, KENT
401 JACKSON AVE
DELAND FL 32720

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	DP	<input type="checkbox"/> Delete
NAME	TITCOMB, KENT	
STREET ADDRESS	401 JACKSON AVE	
CITY-ST-ZIP	DELAND FL 32724	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	WILOSN, JOHN D	
STREET ADDRESS	402 CINNAMON CIR	
CITY-ST-ZIP	DELAND FL 32724	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DION, JAYNE	
STREET ADDRESS	3271 EAGLE ROCK TRL	
CITY-ST-ZIP	DELAND FL 32724	
TITLE	D	<input type="checkbox"/> Delete
NAME	TCHIVIDJAIN, BOZ	
STREET ADDRESS	502 GORDON CT	
CITY-ST-ZIP	DELAND FL 32720	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANDREWS, WILLIAM	
STREET ADDRESS	420 E UNIVERSITY	
CITY-ST-ZIP	DELAND FL 32724	
TITLE		<input type="checkbox"/> Delete
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		
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CITY-ST-ZIP		
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)