

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 02, 2001 8:00 am
Secretary of State

01-30-2001 90222 034 ****61.25

DOCUMENT # N97000002381

1. Entity Name

GENEVA ACADEMY OF DELAND, INC. ✓

Principal Place of Business

811 ORANGE CAMP ROAD
DELAND FL 32724

Mailing Address

811 ORANGE CAMP ROAD
DELAND FL 32724

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

59-3444642

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

TITCOMB, KENT
401 JACKSON AVE
DELAND FL 32720

7. Name and Address of New Registered Agent

Name **JOHN WILSON**

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

402 CINNAMON CIRCLECity **DELAND****FL**

Zip Code

32724

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

TITLE **DP** ☒ Delete
NAME **TITCOMB, KENT**
STREET ADDRESS **401 JACKSON AVE**
CITY-ST-ZIP **DELAND FL 32724**TITLE **VPO** ☐ Delete
NAME **WILSON, JOHN D WILSON**
STREET ADDRESS **402 CINNAMON CIR**
CITY-ST-ZIP **DELAND FL 32724**TITLE **ST** ☐ Delete
NAME **DION, JAYNE**
STREET ADDRESS **3271 EAGLE ROCK TRL**
CITY-ST-ZIP **DELAND FL 32724**TITLE **D** ☐ Delete
NAME **TCHIVIDJAIN, BOZ**
STREET ADDRESS **502 GORDON CT**
CITY-ST-ZIP **DELAND FL 32720**TITLE **D** ☐ Delete
NAME **ANDREWS, WILLIAM**
STREET ADDRESS **420 E UNIVERSITY**
CITY-ST-ZIP **DELAND FL 32724**TITLE **DP** ☐ Delete
NAME **COOK, JOHN**
STREET ADDRESS **40 BASS LAKE DRIVE**
CITY-ST-ZIP **DEBARA FL 32713**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10:

TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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 (10/00)