## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N99000002560

1. Entity Name

## THE GENESIS FUTURE, INCORPORATED

Principal Place of Business P.O. BOX 771842 ORLANDO FL 32877-1842

Mailing Address

P.O. BOX 771842 ORLANDO FL 32877-1842

## 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.

FILED
May 03, 2000 8:00 am
Secretary of State
05-03-2000 90091 041 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

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City & State		City & State			per		<del></del>	plied For
					9-357-24			ot Applicable
Zip	Zip Country Zip		Country	5. Certificate of Status Desired \$8.75 Additional Fee Required				
6.	Name and Address of Curre	ent Registered Agent			d Address of New Reg	istered Agen	<u>ıt</u>	
			Na	me				
BAKER, RHONDA 11968 HATCHER CIRCLE ORLANDO FL 32824				Street Address (P.O. Box Number is Not Acceptable)				
				City FL Zip Code				
				9 The above name	ed entity submits this statemen	t for the nurnose of changing	n its registered of	ice or registered agent, or br
G: The above hame	od Cristy Sacrinis tind state nor	the the purpose of changing	g no regionares an	and or regional and any or an	.,			
SIGNATURE								
Signati	ure, typed or printed name of registered ag	gent and title if applicable. (	(NOTE: Hégistered Ager	signature required when reinstating)		DATE		
FILE NOW: 9. Election Campaign Finar				9 \$5.00 May Be Make Check Payable to □ Added to Fees Department of State			<i>*</i>	
F	EE IS \$61.25	indst i dina Cor	inbation.	Added to rees	Depa	riment or .	Siale	
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CI	HANGES TO OFFICERS	AND DIREC	TORS IN	10
TITLE		☐ Delete	TITLE	EXECUTIVE	Diesetor		Change	Addition
NAME	ST			RECTADDRESS THE SEA CIPCLE				
STREET ADDRESS								
CITY-ST-ZIP	<u> </u>		CITY-ST-Z	7.100	22 3000	elaudo, F	<u>-13</u>	1894
TITLE		☐ Delete	TITLE	UIRECTOR			Change	☐ Addition
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STREET ADDRESS CITY-ST-ZIP				Y-ST-ZIP DELACTO SANTORD - FI 3271				
	<u> </u>		TITLE		WHORE THE		Change	Addition
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CITY-ST-ZIP			CITY-ST-Z	, 3531 CONR	dy road y	DEPLA	.F13	3811
TITLE		☐ Delete	TITLE	DIRECTOR			Change	Addition
NAME			NAME	CHARIOHE A	CREE			
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CITY-ST-ZIP			CITY-ST-Z	, , , , , , , , , , , , , , , , , , , ,	ystociando,	F1 32		
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STREET ADDRESS CITY-ST-ZIP			CITY-ST-Z	1571 1 1 1 1 1 1	LAUE MINI	مد 11	35	811
		☐ Delete	TITLE	<del>-  </del>	- W.M.	<b>40</b> / /	Channe	Addition
TITLE NAME		L) elete	NAME				o.iuiig0	
STREET ADDRESS			STREET ADI	RESS				
CITY-ST-ZIP			CITY-ST-Z	,	<u></u>			
12. I hereby certify	that the information supplied	with this filing does not qualif	y for the exemption	n stated in Section 119.07(3	)(i), Florida Statutes. I fu	rther certify the	hat the in	nformation

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: