

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90101 037 \*\*\*\*70.00

**DOCUMENT # N99000003383**  
 1. Entity Name  
**GENESIS PARK OWNERS' ASSOCIATION, INC.**

Principal Place of Business <b>3909 RODELLA STREET PACE FL 32571</b>	Mailing Address <b>3909 RODELLA STREET PACE FL 32571-1133</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>3909 Rodella St</b> Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State <b>Pace FL</b>	City & State
Zip <b>32571</b>	Country <b>USA</b>

4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**WARRICK, DANNY**  
**3909 RODELLA STREET**  
**PACE FL 32571**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WARRICK, DANNY</b>	
STREET ADDRESS	<b>3909 RODELLA STREET</b>	
CITY-ST-ZIP	<b>PACE FL 32571</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WARRICK, EILEEN</b>	
STREET ADDRESS	<b>3909 RODELLA STREET</b>	
CITY-ST-ZIP	<b>PACE FL 32571</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WARRICK, KEVIN S</b>	
STREET ADDRESS	<b>3909 RODELLA STREET</b>	
CITY-ST-ZIP	<b>PACE FL 32571</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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: **Eileen Warrick** 2/24/2000 850 994-0725  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)