

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2001 8:00 am
Secretary of State

01-08-2001 90001 028 ****70.00

DOCUMENT # N99000003383

1. Entity Name

GENESIS PARK OWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**3909 RODELLA STREET
 PACE FL 32571**

**3909 RODELLA STREET
 PACE FL 32571**

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

NOT APPLICABLE

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

Name

**WARRICK, DANNY
 3909 RODELLA STREET
 PACE FL 32571**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	D WARRICK, DANNY	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	3909 RODELLA STREET		
	PACE FL 32571		
<input type="checkbox"/> Delete	D WARRICK, EILEEN	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	3909 RODELLA STREET		
	PACE FL 32571		
<input type="checkbox"/> Delete	D WARRICK, KEVIN S	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	3909 RODELLA STREET		
	PACE FL 32571		
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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

Y03101

850-994-0725

Date

Daytime Phone #

CR2E037 (10/00)



DO NOT WRITE IN THIS SPACE