

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006524

1. Entity Name

GENESIS PREPARATORY SCHOOL OF GAINESVILLE, INC.

Principal Place of Business

2336 N.E. 3RD PLACE
GAINESVILLE FL 32641

Mailing Address

2336 N.E. 3RD PLACE
GAINESVILLE FL 32641

2. Principal Place of Business

207 NW 23rd Avenue

Suite, Apt. #, etc.

3. Mailing Address

207 NW 23rd Avenue

Suite, Apt. #, etc.

City & State

Gainesville, Florida

City & State

Gainesville, Florida

Zip

32609

Country

USA

Zip

32609

Country

USA

4. FEI Number

59-3633481

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ENWALL, PETER C.K.
2790 N.W. 43RD STREET, SUITE 200
GAINESVILLE FL 32606

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
BOST, COY R
P O BOX 13806
GAINESVILLE FL 32601 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
DAVIS, JEANNE
1812 NW 6TH AVE
GAINESVILLE FL 32601 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
MOORE, IDA
505 NE 20TH ST.
GAINESVILLE FL 32601 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
OSOBA, TERESA
1359 NE 31ST AVE
GAINESVILLE FL 32609 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
BMD
WEST, PATRICIA R
5217 SW 79 TERR
GAINESVILLE FL 32608 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AD
HENRY, CHARMAINE
2336 NE 3RD PL
GAINESVILLE FL 32641 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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

Charmaine B. Henry

Charmaine B. Henry 1/29/01 (352) 379-1188

Date

Daytime Phone #

FILED
Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90148 021 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)