

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

03-05-2002 90103 033 *****70.00

DOCUMENT # N99000006524

1. Entity Name

GENESIS PREPARATORY SCHOOL OF GAINESVILLE, INC.

Principal Place of Business

Mailing Address

207 NW 23RD AVENUE
 GAINESVILLE FL 32609
 US

207 NW 23RD AVENUE
 GAINESVILLE FL 32609
 US

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

59-3633481

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

ENWALL, PETER C.K.
2790 N.W. 43RD STREET, SUITE 200
GAINESVILLE FL 32608

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	P	<input type="checkbox"/> Delete
NAME	BOST, COY R	
STREET ADDRESS	P O BOX 13806	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	S	<input type="checkbox"/> Delete
NAME	DAVIS, JEANNE	
STREET ADDRESS	1812 NW 6TH AVE	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	AS	<input type="checkbox"/> Delete
NAME	MOORE, IDA	
STREET ADDRESS	505 NE 20TH ST.	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	T	<input type="checkbox"/> Delete
NAME	OSOB, TERESA	
STREET ADDRESS	1359 NE 31ST AVE	
CITY-ST-ZIP	GAINESVILLE FL 32609	
TITLE	BMD	<input checked="" type="checkbox"/> Delete
NAME	WEST, PATRICIA R	
STREET ADDRESS	5217 SW 79 TERR	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	AD	<input type="checkbox"/> Delete
NAME	HENRY, CHARMAINE	
STREET ADDRESS	2336 NE 3RD PL	
CITY-ST-ZIP	GAINESVILLE FL 32641	

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	
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

Charmaine B. Henry 2/23/02 (352) 379-1188

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)