

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90101 004 ****70.00

DOCUMENT # N99000006524

1. Entity Name

GENESIS PREPARATORY SCHOOL OF GAINESVILLE, INC.



Principal Place of Business

**207 NW 23RD AVENUE
GAINESVILLE FL 32609
US**

Mailing Address

**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 32606**

Name

Enwall, Peter C.K.

Street Address (P.O. Box Number is Not Acceptable)

926 N.W. 13th Street

City

Gainesville

FL

Zip Code
32601

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
NAME **BOST, COY R**
STREET ADDRESS **P O BOX 13806**
CITY-ST-ZIP **GAINESVILLE FL 32601**

TITLE **D** ☐ Change ☒ Addition
NAME **McClain, Gary A.**
STREET ADDRESS **13602 N.W. 13th Avenue**
CITY-ST-ZIP **Gainesville, Florida 32606**

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

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

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

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

TITLE **D** ☐ Delete
NAME **OSOB, TERESA**
STREET ADDRESS **1359 NE 31ST AVE**
CITY-ST-ZIP **GAINESVILLE FL 32609**

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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** *Charmaine B. Henry* **2/4/03 (352) 379-1188**

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

CR2E037 (10/02)