

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006689

1. Entity Name

GENERATIONS HOMESCHOOL YEARBOOK, INC.

Principal Place of Business

1501 22ND AVE NORTH
ST PETERSBURG FL 33704

Mailing Address

1501 22ND AVE NORTH
ST PETERSBURG FL 33704

2. Principal Place of Business

1210 62nd St. N

3. Mailing Address

1210 62nd St. N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

Zip

Country

33710

Zip

Country

33710

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME LACHANCE, KATHY JANE
STREET ADDRESS 1501 22ND AVE NORTH
CITY-ST-ZIP ST PETERSBURG FL 33704

☐ Delete

TITLE NAME 1210 62nd St. N
STREET ADDRESS St. Petersburg, FL 33710
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE VD
NAME MOOTSEY, DARLENE JOY
STREET ADDRESS 1501 22ND AVE NORTH
CITY-ST-ZIP ST PETERSBURG FL 33704

☐ Delete

TITLE NAME 1210 62nd St. N
STREET ADDRESS St. Petersburg, FL 33710
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE SD
NAME DANIEL, JULIA MARIE
STREET ADDRESS 1501 22ND AVE NORTH
CITY-ST-ZIP ST PETERSBURG FL 33704

☐ Delete

TITLE NAME 1210 62nd St. N
STREET ADDRESS St. Petersburg, FL 33710
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE T
NAME PALETTI, DEBRA CLECKNER
STREET ADDRESS 1501 22ND AVE NORTH
CITY-ST-ZIP ST PETERSBURG FL 33704

☒ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-01 822-5582

Date

Daytime Phone #

FILED

Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90011 050 ****61.25

643469



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)