

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000057064

1. Entity Name

GENESI FAMILY CORP.

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90296 011 \*\*\*158.75

Principal Place of Business

Mailing Address

5212 - 62ND AVE. SOUTH  
ST. PETERSBURG FL 33715

5212 - 62ND AVE. SOUTH  
ST. PETERSBURG FL 33715-2403

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3389722

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GENESI, ROBERT C  
5212 - 62ND AVE. SOUTH  
ST. PETERSBURG FL 33715

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CD ☐ Delete  
NAME GENESI, ROBERT C.  
STREET ADDRESS 5212 62 AVE SOUTH  
CITY-ST-ZIP ST PETERSBURG FL

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

TITLE D ☐ Delete  
NAME GENESI, MARK  
STREET ADDRESS 110 CHARLENE ST  
CITY-ST-ZIP N ADAMS MA

TITLE ☒ Change ☐ Addition  
NAME D mark Genesi  
STREET ADDRESS 3036 SUMNER DR  
CITY-ST-ZIP REYNOLDSBURG, OHIO 43608

TITLE PTD ☐ Delete  
NAME GENESI, JOHN  
STREET ADDRESS 552 GLENMOOR CIR  
CITY-ST-ZIP MILPITAS CA 95035

TITLE ☒ Change ☐ Addition  
NAME PTD John Genesi  
STREET ADDRESS 718 Lonsom Dr  
CITY-ST-ZIP Milpitas, CA 95035

TITLE D ☐ Delete  
NAME GENESI, MATHEW G.  
STREET ADDRESS 41810 JOHN MUIR DR  
CITY-ST-ZIP COARSEGOLD CA 93614

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

TITLE D ☐ Delete  
NAME GENESI, LOURIE  
STREET ADDRESS 733 BLOSSOM LANE  
CITY-ST-ZIP PICKERINGTON OH 43147

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-00

Date

(805) 582-6024

Daytime Phone #

CR2E034 (9/99)