

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90086 017 ***150.00

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DOCUMENT # P98000097592

1. Entity Name

GENEVA INN, INC.

Principal Place of Business

Mailing Address

3391 STATE RD 46
GENEVA FL 32761

1287 BOBWHITE TRAIL
CHULUOTA FL 32766

2. Principal Place of Business

3. Mailing Address

3325 Barbara Ln.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Titusville, FL

4. FEI Number

59-3548722

Applied For

Not Applicable

Zip

Country

Zip

Country

32796

USA

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

KARL A. BURGUNDER, P.A.
1757 W BROADWAY, SUITE 4
OVIDO FL 32765

Name Karl A. Burgunder
Street Address (P.O. Box Number is Not Acceptable)
1565 Gemini Ct.

City Oviedo FL Zip Code 32765

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

1/10/2002

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, 2002 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 PST
NAME GIEMONT, CONSTANCE
STREET ADDRESS 3391 STATE RD 46
CITY-ST-ZIP GENEVA FL 32761 ☒ Delete

TITLE Patricia Faith, PST
NAME
STREET ADDRESS 3325 Barbara Ln.
CITY-ST-ZIP Titusville, FL 32796 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICIA FAITH

Date

Daytime Phone #

1-10-02

CR2E034 (9/01)