

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000070538

1. Entity Name
GENEVA INVESTMENT PROPERTIES, INC.

Principal Place of Business
6401 NORTH ORANGE BLOSSOM TRAIL
ORLANDO FL 32810

Mailing Address
6401 NORTH ORANGE BLOSSOM TRAIL
ORLANDO FL 32810

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 59-3598915 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

PYLE, FRANK J JR.
340 NORTH ORANGE AVENUE
SUITE E
ORLANDO FL 32801

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME ☐ Delete
P HOPKINS, INGEBOG
STREET ADDRESS 2765 DOWMAN DR
CITY-ST-ZIP APOPKA FL 32712

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

TITLE NAME ☐ Delete
VP HOPKINS, RALPH
STREET ADDRESS 2765 DOWMAN DR
CITY-ST-ZIP APOPKA FL 32712

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

TITLE NAME ☐ Delete
ST HOPKINS, DAN
STREET ADDRESS 7357 WOODKNOT CT
CITY-ST-ZIP ORLANDO FL 32835

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

TITLE NAME ☐ Delete
D HOPKINS, KUUT
STREET ADDRESS 1424 WOODFIELD OAKS DR
CITY-ST-ZIP APOPKA FL 32703

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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: DAN HOPKINS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

FILED
Jan 08, 2002 8:00 am
Secretary of State

01-08-2002 90020 035 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)