

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003118

1. Entity Name

REVIVING THE GENERATION, INC.

Principal Place of Business

6630 NOBT
ORLANDO FL 32810
US

Mailing Address

P.O. BOX 1966
APOPKA FL 32704-1966
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

59-3321955

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

Name

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

City

FL

Zip Code

HODGES, GEORGE
250 S COUNTRY RD 427
SUITE 116
LONGWOOD FL 32750

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SARMIENTO, CARLOS A
1953 BURBERRY ST
APOPKA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MORALES, RAUL
6630 NORTH OBT
ORLANDO, FL 32810 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DYKGAFF, NATHAN
3325 BUTLER BAY DR N
WINDAMERE FL 34786 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SOTOLONGO, GEORGE
200 APTON SQUARE #205
ALTAMONTE SPRINGS FL 32714 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GEORGE, SCOTT A
3110 HOWELL BRANCH ROAD
WINTER PARK FL 32792 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MEDLEY, GEORGE
19621 C 455
CLERMONT FL 34711 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SARMIENTO, RAY
569 N BRIDGE DRIVE
ALTAMONTE SPRINGS FL 32714 ☒ 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 REQUIRED CARLOS SARMIENTO 1/16/01 407-290-1444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90107 033 ****70.00

107068



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)