

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90182 050 ****61.25

DOCUMENT # N95000003118

1. Entity Name

REVIVING THE GENERATION, INC.

Principal Place of Business

Mailing Address

6630 NOBT
 ORLANDO FL 32810
 US

P.O. BOX 1966
 APOPKA FL 32704-1966
 US

2. Principal Place of Business

3. Mailing Address

120 MCKEY ST

120 MCKEY ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OCOOE

City & State

OCOOE

Zip

32761

Country

USA

Zip

32761

Country

USA DE

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

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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	SARMIENTO, CARLOS A	1953 BURBERRY ST	APOPKA FL	<input type="checkbox"/>
D	DYKGAFF, NATHAN	3325 BUTLER BAY DR N	WINDAMERE FL 34786	<input checked="" type="checkbox"/>
D	GEORGE, SCOTT A	3110 HOWELL BRANCH ROAD	WINTER PARK FL 32792	<input checked="" type="checkbox"/>
D	MEDLEY, GEORGE	19621 C 455	CLERMONT FL 34711	<input checked="" type="checkbox"/>
D	SARMIENTO, RAY	569 N BRIDGE DRIVE	ALTAMONTE SPRINGS FL 32714	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
D	MORALES, RAUL	121 BRUSHCREEK DRIVE	SANFORD, FL 32771	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	SOTOLONGO, GEORGE	5825 RYWOOD DRIVE	ORLANDO, FL 32810	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02 407 8775970
 Date Daytime Phone #

CR2E037 (9/01)