

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003118

1. Entity Name

REVIVING THE GENERATION, INC.

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

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

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

120 MCKEY ST
 Suite, Apt. #, etc.

3. Mailing Address

120 MCKEY ST
 Suite, Apt. #, etc.

City & State
 OC08E

City & State
 OC08E

Zip
 34761

Country
 USA

Zip
 34761

Country
 USA

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

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

7. Name and Address of New Registered Agent

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

TITLE D
 NAME MORALES, Raul
 STREET ADDRESS 121 Brushcreek Drive
 CITY-ST-ZIP Sanford, FL 32771 ☐ Change ☒ Addition

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

TITLE D
 NAME SOTOLONGO, George
 STREET ADDRESS 5825 Rywood Drive
 CITY-ST-ZIP Orlando, FL 32810 ☐ Change ☒ Addition

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

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

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

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

TITLE D
 NAME SARMIENTO, RAY
 STREET ADDRESS 569 N BRIDGE DRIVE
 CITY-ST-ZIP 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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02 407 877 5970
 Date Daytime Phone #

CR2E037 (9/01)