

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 31 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000004987 (1)

1. Corporation Name

URBAN REVIVAL, INC.

Principal Place of Business

15 COLLEGE STREET, SUITE D
EATONVILLE FL 32751

Mailing Address

15 COLLEGE STREET, SUITE D
EATONVILLE FL 327513. Date Incorporated or Qualified
09/25/19963a. Date of Last Report
1st report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

593407490

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALLEN, CECIL
15 COLLEGE STREET, SUITE D
EATONVILLE FL 32751

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME ALLEN, CECIL
STREET ADDRESS 15 COLLEGE STREET, SUITE D
CITY - ST - ZIP EATONVILLE FL 327511.1 TITLE D ☐ Change ☒ Addition
1.2 NAME ANNIE RAY
1.3 STREET ADDRESS 761 NORTHWOOD CIRCLE
1.4 CITY - ST - ZIP WINTER PARK FL 32789TITLE D ☐ DELETE
NAME BROWN, LEROY
STREET ADDRESS 450 W. CANTON AVENUE
CITY - ST - ZIP WINTER PARK FL 327892.1 TITLE D ☐ Change ☒ Addition
2.2 NAME TIM JOHNSON, AIA
2.3 STREET ADDRESS 3203 LAWTON RD. SUITE 195
2.4 CITY - ST - ZIP ORLANDO FL 32803TITLE D ☒ DELETE
NAME ANDREWS, J. WILLIAM
STREET ADDRESS 332 KENNEDY BLVD.
CITY - ST - ZIP EATONVILLE FL 327513.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIPTITLE D ☒ DELETE
NAME MADISON, DEREK
STREET ADDRESS 661 W. LYMAN AVENUE
CITY - ST - ZIP WINTER PARK FL 327894.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Cecil Allen

JAN 22 - 1997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0077770

CR2E037 (9/96)