

2000 UNIFORM BUSINESS REPORT (UBR)

4/

DOCUMENT #

N98000063774

1. Entity Name

Reconciliation Revival Deliverance Center, Inc.

Principal Place of Business

Mailing Address

5810 Fernhill Dr.

2. Principal Place of Business

3. Mailing Address

5810 Fernhill Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Orlando, FL

Orlando, FL

Zip

Country

Zip

Country

32808

US

US

US

6. Name and Address of Current Registered Agent

4. FEI Number

Applied For

59-3549973

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

Lewis C. Brown - 5810 Fernhill Dr.
Orlando, FL 32808
Tammy Mitchell - 4662 Edgemore ST
Orlando, FL 32805
Same
Chelsea Livingston - 3929 memonicee ct.
Orlando FL 32803

None

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Lewis C. Brown
5810 Fernhill Dr
Orlando, FL 32808 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Same ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President
Tammy Mitchell
4662 Edgemore ST
Orlando, FL 32805 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary
Chelsea Livingston
3929 memonicee ct.
Orlando, FL 32803 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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:

Lewis C. Brown Jr. Lewis C. Brown Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-00

(407) 298-4322

Date

Daytime Phone #