

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 303496

1. Entity Name

REVELS NATIONWIDE R.V. SALES, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90104 010 ***150.00

Principal Place of Business

Mailing Address

1726 CASSAT AVE
JACKSONVILLE FL 32210
US

1726 CASSAT AVE
JACKSONVILLE FL 32210-1604
US

2. Principal Place of Business

1726 Cassat Ave.

3. Mailing Address

1726 Cassat Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Jacksonville, FL 32210

City & State

JACKSONVILLE, FL 32210

City & State

JACKSONVILLE, FL 32210

Zip

32210

Country

DUVAL

Zip

32210

Country

DUVAL

4. FEI Number

59-1156783

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



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

REVELS, CLAYTON E.
1530 FRASER ROAD
GREEN COVE SPRINGS FL 32043

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME STD
STREET ADDRESS REVELS, MILDRED M.
CITY-ST-ZIP PO BOX 158 ~~NA~~
GREEN COVE SPRGS FL 32043

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

TITLE ☐ Delete
NAME D
STREET ADDRESS BAKER, TRINA R.
CITY-ST-ZIP PO BOX 1186
GREEN COVE SPRGS FL 32043

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

TITLE ☐ Delete
NAME PD
STREET ADDRESS REVELS, CLAYTON E.
CITY-ST-ZIP PO BOX 158 ~~NA~~
GREEN COVE SPRGS FL

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

TITLE ☐ Delete
NAME D
STREET ADDRESS BROWN, RHONDA R
CITY-ST-ZIP PO BOX 158 ~~NA~~ 2515 E. Innes St.
GREEN COVE SPRINGS FL 32043 Salisbury, CT 06281-46

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

TITLE ☐ Delete
NAME VPD
STREET ADDRESS BAKER, RICK H
CITY-ST-ZIP PO BOX 1186
GREEN COVE SPRGS FL 32043

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Richard M. Revels
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 25, 2000
Date

904-288-9400
Daytime Phone #

CR2E034 (9/99)