

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K64607

1. Entity Name

REVSON PROPERTIES, INC.

Principal Place of Business

Mailing Address

2201 SAWGRASS VILLAGE DRIVE
VEDRA BEACH FL 32202

POST OFFICE BOX 2105
PONTE VEDRA BEACH FL 32004-2105
US

2. Principal Place of Business

330 Highway A1A North

3. Mailing Address

same as above

Suite, Apt. #, etc.

Suite 324

Suite, Apt. #, etc.

City & State

Ponte Vedra Beach, FL

City & State

Zip

32082

Country

US

Zip

Country

4. FEI Number

59-2941502

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRANT, MOORE, SAPP, MACDONALD & WELLS, PA
SUITE 3100 BARNETT CENTER
50 NORTH LAURA STREET
JACKSONVILLE FL 32201

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

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

TITLE	VP	<input type="checkbox"/> Delete
NAME	KASHOU, JAMES	
STREET ADDRESS	2201 SAWGRASS VILLAGE DR	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	KASHOU, JOHN	
STREET ADDRESS	2201 SAWGRASS VILLAGE DR	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	
TITLE	AVP	<input type="checkbox"/> Delete
NAME	KASHOU, BRAHIM	
STREET ADDRESS	2201 SAWGRASS VILLAGE DR	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KASHOU, JAMES	
STREET ADDRESS	330 HWY A1A NORTH, #324	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KASHOU, JOHN	
STREET ADDRESS	330 HWY A1A NORTH, #324	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	
TITLE	AVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KASHOU, BRAHIM	
STREET ADDRESS	330 HWY A1A NORTH, #324	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

John Kashou
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
John Kashou

President

904-285-0550

Date

Daytime Phone #

3-21-00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)