

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 06, 2001 8:00 am
Secretary of State

08-06-2001 90002 043 ****70.00

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DOCUMENT # N98000005290

1. Entity Name

RUSS UNISEX HAIR ACADEMY, INC.

Principal Place of Business

Mailing Address

**573 DR MARY MCLEOD BETHUNE BLVD
 DAYTONA BEACH FL 32114**

**573 DR MARY MCLEOD BETHUNE BLVD
 DAYTONA BEACH FL 32114**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1667563

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RUSS, ETAVIS
 609 WHITE ST
 DAYTONA BEACH FL 32114**

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
 After September 12, 2001, min. will be \$236.25**

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 **PD** ☐ Delete
 NAME **RUSS, ETAVIS**
 STREET ADDRESS **609 WHITE ST**
 CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE **PD** ☐ Change ☐ Addition
 NAME **ETAVIS RUSS**
 STREET ADDRESS **609 WHITE STREET**
 CITY-ST-ZIP **DAYTONA BEACH, FL 32114**

TITLE **STD** ☐ Delete
 NAME **RUSS, CASSANDRA W**
 STREET ADDRESS **609 WHITE ST**
 CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE **V/D** ☒ Change ☐ Addition
 NAME **JONATHAN WORSHAM**
 STREET ADDRESS **279 OLEANDER PLACE**
 CITY-ST-ZIP **ORMOND BEACH, FL 32174**

TITLE **D** ☐ Delete
 NAME **WORSHAM, JONATHAN SR**
 STREET ADDRESS **279 OLEANDER PLACE**
 CITY-ST-ZIP **ORMOND BEACH FL 32114**

TITLE **S/D** ☐ Change ☒ Addition
 NAME **SHEILA PATTERSON**
 STREET ADDRESS **7602 WARDEN DRIVE**
 CITY-ST-ZIP **ORLANDO, FL 32818**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T/D** ☒ Change ☐ Addition
 NAME **CASSANDRA W. RUSS**
 STREET ADDRESS **609 WHITE STREET**
 CITY-ST-ZIP **DAYTONA BEACH, FL 32114**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
 NAME **JOHN PATTERSON**
 STREET ADDRESS **7602 WARDEN DRIVE**
 CITY-ST-ZIP **ORLANDO, FL 32818**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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:

(Signature)

8-1-01

(407) 513-2100

CR2E037 (5/01)