

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G51652**

1. Entity Name

**NORTH RIVER DEVELOPMENT CORPORATION, INC.**

Principal Place of Business

**283 SAN MARCO AVE  
ST. AUGUSTINE FL 32084  
US**

Mailing Address

**283 SAN MARCO AVE  
ST. AUGUSTINE FL 32084  
US**

2. Principal Place of Business

**103 B Anastasia Blvd**

3. Mailing Address

**P O Box 3527**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**St. Augustine, Fl.**

City & State

**St. Augustine, Fl.**

Zip

**32080**

Country

Zip

**32085**

Country

4. FEI Number

**59-2315149**

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

**YARBROUGH, ELVIN P.  
201 SAN MARCO AVE.  
ST. AUGUSTINE FL 32084**

Name

**Elvin P Yarbrough**

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

**103 B Anastasia Blvd**

City

**St. Augustine**

**FL**

Zip Code

**32080**

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

*Elvin P Yarbrough*

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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
STD	YARBROUGH, ELVIN P.	283 SAN MARCO AVENUE	ST. AUGUSTINE FL	<input type="checkbox"/>	<input type="checkbox"/>
PD	KOONS, CHARLES R.	308 PABLO ROAD	PONTE VEDRA BEACH FL	<input type="checkbox"/>	<input type="checkbox"/>
V	YARBROUGH, ELVIN P.	283 SAN MARCO AVE.	ST AUGUSTINE FL	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

*Elvin P Yarbrough*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-28-01-**

Date

Daytime Phone #

**FILED**  
**Mar 30, 2001 8:00 am**  
**Secretary of State**

03-30-2001 90334 041 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)