

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90056 020 ***150.00

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DOCUMENT # G51652
 1. Entity Name
NORTH RIVER DEVELOPMENT CORPORATION, INC.

Principal Place of Business 103 B ANASTASIA BOULEVARD ST AUGUSTINE FL 32080 US	Mailing Address PO BOX 3527 ST AUGUSTINE FL 32085 US
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2. Principal Place of Business 100 Southpark Blvd	3. Mailing Address Suite, Apt. #, etc.
Suite, Apt. #, etc. Suite 305	Suite, Apt. #, etc.

City & State St. Augustine, Fl.	City & State
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Zip 21086	Country St. Johns	Zip	Country
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4. FEI Number 59-2315149	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
**YARBROUGH, ELVIN P.
 103 B ANASTASIA BOULEVARD
 ST AUGUSTINE FL 32080**

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 *Elvin P. Yarbrough, Jr.* **3-19-02**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's name is required to be typed or printed.)

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	STDV YARBROUGH, ELVIN P. 103 B ANASTASIA BOULEVARD ST AUGUSTINE FL 32080 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KOONS, CHARLES R. 308 PABLO ROAD PONTE VEDRA BEACH FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Elvin P. Yarbrough 100 Southpark Blvd, Suite 305 St. Augustine, Fl. 32086 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, Jr.* **(904) 808-6276**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR EMPLOYEE **3-19-02** Daytime Phone #

CP2E034 (9/01)