

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004411

1. Entity Name

ST. JOHNS RIVER SIDE ESTATES RIVER RIDGE SECTION

Principal Place of Business

Mailing Address

400 PICKEREL
SATSUMA FL 32189
US

P.O. BOX 606
SAN MATEO FL 32187-0606

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

59-3272693

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

DELARM, JOHN D
400 PICKERLE
SATSUMA FL 32189

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

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 DELARM, JOHN D
STREET ADDRESS 400 PICKEREL AVE
CITY-ST-ZIP SAN MATEO FL 32187

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

TITLE VD ☐ Delete
NAME POUPORE, ERNEST
STREET ADDRESS 242 TROPIC AVE
CITY-ST-ZIP SAN MATEO FL 32187

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

TITLE T ☒ Delete
NAME CHESSER, ANGELA J
STREET ADDRESS 206 PALM WAY DR
CITY-ST-ZIP SATSUMA FL

TITLE ☐ Change ☐ Addition
NAME BYERS, JAMEY G
STREET ADDRESS 211 LEISURELY AV
CITY-ST-ZIP SATSUMA, FL 32189

TITLE S ☐ Delete
NAME POUPORE, ANNE
STREET ADDRESS 242 TROPIC AVE
CITY-ST-ZIP SAN MATEO FL 32187

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

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 REQUIRED G. BYERS

4-10-2000 904-328-8675

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90054 005 ****61.25

A0051641



DO NOT WRITE IN THIS SPACE