

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004411

1. Entity Name

ST. JOHNS RIVER SIDE ESTATES RIVER RIDGE SECTION

Principal Place of Business

400 PICKEREL  
SATSUMA FL 32189  
US

Mailing Address

P.O. BOX 606  
SAN MATEO FL 32187

2. Principal Place of Business

3. Mailing Address

P.O. BOX 125

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SAN MATEO, FL

4. FEI Number

59-3272693

Applied For

Not Applicable

Zip

Country

Zip

Country

32187

PUTNAM

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)

400 PICKEREL ST

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

*Jamey G. Byers*

JAMEY G. BYERS, TREASURER,

2-23-2001

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
BYERS, JAMEY G  
211 LEISURELY AV  
SATSUMA FL ☐ Delete

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

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

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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:

*JAMEY G. BYERS* SIGNATURE REQUIRED BYERS, TREASURER, 2-23-2001 (386) 328-8675

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

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

03-06-2001 90307 007 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE