

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90202 018 \*\*\*150.00

DOCUMENT # P02500026570

1. Entity Name

Rivercoast Development Corp.



90008733

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

41 US19 North

3. Mailing Address

PO Box 291

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Inglis, FL

City & State

YANKEETOWN, FLORIDA

4. FEI Number

75-3032341

Applied For

Not Applicable

Zip

Country

Levy

Zip

34498

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

William A. Post

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

20702 West Penn Ave.

City

Dunnellon

FL

Zip Code

34431

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

William A. Post

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/21/03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: President  
NAME: Roger D. Myrick  
STREET ADDRESS: 156 Diana St.  
CITY-ST-ZIP: Inglis FL 34449

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

TITLE: Secretary  
NAME: Kimberly A. Myrick  
STREET ADDRESS: 156 Diana St.  
CITY-ST-ZIP: Inglis, FL 34449

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

TITLE: Treasurer  
NAME: Kimberly A. Myrick  
STREET ADDRESS: 156 Diana St.  
CITY-ST-ZIP: Inglis, FL 34449

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

TITLE: Vice President office  
NAME: IS VACANT  
STREET ADDRESS: CITY-ST-ZIP:

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

**DO NOT WRITE  
IN THIS SPACE**

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

R. D. Myrick

Roger D. Myrick

1/21/03

352-447-1550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)