

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000021991

1. Entity Name

NORTH RIVER RESTORATION, INC.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90014 011 ***150.00

Principal Place of Business

12222 SPINEY RIDGE DR.
 JACKSONVILLE FL 32225

Mailing Address

12222 SPINEY RIDGE DR.
 JACKSONVILLE FL 32225-1623

2. Principal Place of Business

Suite, Apt. #, etc.

21

City & State

Jacksonville FL

Zip

FL 32216

Country

USA

3. Mailing Address

Suite, Apt. #, etc.

P.O. Box 24668

City & State

Jacksonville FL

Zip

FL 32241

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

54-3562283

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

RADIN, DONALD A
 12222 SPINEY RIDGE DR.
 JACKSONVILLE FL 32225

Name: MEREDITH ALLEN HERNANDEZ
 Street Address (P.O. Box Number is Not Acceptable): 3617 CROWN PT RD. #1
 City: Jacksonville FL 32257

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

[Signature] M. A. Hernandez 3/31/00

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, 2000 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	DP	<input type="checkbox"/> Delete
NAME	RADIN, DOANLD A	
STREET ADDRESS	12222 SPINEY RIDGE DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	DST	<input type="checkbox"/> Delete
NAME	MANTONE, JOSEPH S	
STREET ADDRESS	137 SOUTHERN ROW DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32259	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ 3.70.00 904-288-8999
 Date Daytime Phone #

CR2E034 (9/99)