

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2001 8:00 am**  
**Secretary of State**

01-23-2001 90040 022 \*\*\*\*61.25

**DOCUMENT # 725281**

1. Entity Name

**THE LITTLE CLUB HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business

**9601 S.E. LITTLE CLUB WAY NORTH  
 TEQUESTA FL 33469**

Mailing Address

**9601 S.E. LITTLE CLUB WAY NORTH  
 TEQUESTA FL 33469**

**701830**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1451138**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MAYO, ROBERT H  
 9892 S.E. LITTLE CLUB HWY S.  
 Y  
 TEQUESTA FL 33469**

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 ☐ Delete  
 NAME **P**  
 STREET ADDRESS **SUTTON, BRYSON**  
 CITY-ST-ZIP **98307 PAR LANE  
 TEQUESTA FL 33469**

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

TITLE ☐ Delete  
 NAME **T**  
 STREET ADDRESS **MAYO, ROBERT H**  
 CITY-ST-ZIP **9892 S.E. LITTLE CLUB WAY S.  
 TEQUESTA FL 33469**

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

TITLE ☒ Delete  
 NAME **VP**  
 STREET ADDRESS **FOX, JAMES**  
 CITY-ST-ZIP **SE LITTLE CLUB WAY N  
 TEQUESTA FL 33469**

TITLE ☐ Change ☒ Addition  
 NAME **VP**  
 STREET ADDRESS **ALLISON, ROBERT**  
 CITY-ST-ZIP **8345 SE BIRDIE LANE  
 TEQUESTA, FL 33469**

TITLE ☐ Delete  
 NAME **DS**  
 STREET ADDRESS **SEITZ, MARY J**  
 CITY-ST-ZIP **18327 S.E. PAR LANE  
 TEQUESTA FL 33469**

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

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **ADAMS, PATRICIA**  
 CITY-ST-ZIP **18285 S.E. COURTVIEW CIRCLE  
 TEQUESTA FL 33469**

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: **ROBERT H. MAYO, TREASURER**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/2001 (561-747-5549)  
 Date Daytime Phone #

CR2E037 (10/00)