

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90124 024 ****70.00

DOCUMENT # 707751

1. Entity Name

LITTLE RIVER CLUB, INC.

Principal Place of Business

755 NE 79TH ST
 MIAMI FL 33138

Mailing Address

755 NE 79TH ST
 MIAMI FLA 33138-4711

00000461



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

59-1677644

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

HARDISON, ROBERT R
9674 NW 10TH AVE #B-241
MIAMI FL 33150

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 **STD HARDISON, ROBERT R**
 STREET ADDRESS **9674 NW 10TH AVE #B-241**
 CITY-ST-ZIP **MIAMI FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D ROBERTSON, KARL**
 STREET ADDRESS **1370 NE 119 STREET**
 CITY-ST-ZIP **MIAMI, FL 00000**

TITLE Change Addition
 NAME **D LUGO, EDWIN**
 STREET ADDRESS **8713 N.E. 8TH CT**
 CITY-ST-ZIP **MIAMI, FL 33138**

TITLE Delete
 NAME **D JOHNSON, ALFRED**
 STREET ADDRESS **496 NW 165 ST, 605A**
 CITY-ST-ZIP **MIAMI FL 33169**

TITLE Change Addition
 NAME **D FELICIANO, CHAR**
 STREET ADDRESS **9225 COLLINS AVE #907**
 CITY-ST-ZIP **SURFSIDE, FL 33154**

TITLE Delete
 NAME **DM ESTIVENE, BARBARA**
 STREET ADDRESS **2723 NW 60TH ST**
 CITY-ST-ZIP **MIAMI FL 33142**

TITLE Change Addition
 NAME **D EVINS, ENRIQUE**
 STREET ADDRESS **135 N.W. 109 ST**
 CITY-ST-ZIP **MIAMI SHORES, FL 33168**

TITLE Delete
 NAME **D KUZNARIK, HARRY**
 STREET ADDRESS **68 NW 100 ST**
 CITY-ST-ZIP **MIAMI SHORES FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **P HEADRICK, RONNIE**
 STREET ADDRESS **650 NE 64TH ST #G-305**
 CITY-ST-ZIP **MIAMI FL**

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 R. Hardison
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 14, 2000

Date

305-759-6332

Daytime Phone #

CR2E037 (9/99)