

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90438 017 ****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 FL 33138

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



DO NOT WRITE IN THIS SPACE

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	STD	<input type="checkbox"/> Delete
NAME	HARDISON, ROBERT R	
STREET ADDRESS	9674 NW 10TH AVE #B-241	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LUGO, EDWIN	
STREET ADDRESS	8713 N.E. 8TH CT	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FELICIANO, CHAR	
STREET ADDRESS	9225 COLLINS AVE # 907	
CITY-ST-ZIP	MIAMI FL 33154	
TITLE	D	<input type="checkbox"/> Delete
NAME	EVINS, ENRIQUE	
STREET ADDRESS	135 NW 109 ST	
CITY-ST-ZIP	MIAMI SHORES FL 33168	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KUZNARIK, HARRY	
STREET ADDRESS	68 NW 100 ST	
CITY-ST-ZIP	MIAMI SHORES FL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	HEADRICK, RONNIE	
STREET ADDRESS	650 NE 64TH ST #G-305	
CITY-ST-ZIP	MIAMI FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EUGENE FRIEDMAN	
STREET ADDRESS	9674 NW 10TH AVE #F.614	
CITY-ST-ZIP	MIAMI, FL 33150	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALFRED JOHNSON	
STREET ADDRESS	130 N.E. 192 ST	
CITY-ST-ZIP	MIAMI	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALFRED V. JOHNSON	
STREET ADDRESS	130 N.E. 192 ST.	
CITY-ST-ZIP	MIAMI, FL 33179	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTHA FICE-HUDSON	
STREET ADDRESS	1409 N.W. 52 ST.	
CITY-ST-ZIP	MIAMI, FL 33140	

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

Date: March 9, 2001 Daytime Phone #: 305.759.6332

CR2E037 (10/00)