

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90167 029 ****70.00

0022532

DOCUMENT # 707751

1. Entity Name

LITTLE RIVER CLUB, INC.

Principal Place of Business

Mailing Address

755 NE 79TH ST
 MIAMI FL 33138

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

Zip

Country

Zip

Country

4. FEI Number

59-1677644

Applied For

Not Applicable

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

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

TITLE: **D** Delete
 NAME: **FRIEDMAN, EUGENE**
 STREET ADDRESS: **9674 NW 10TH AVENUE #F614**
 CITY-ST-ZIP: **MIAMI FL 33150**

TITLE: **D** Change Addition
 NAME: **FUENTES, FELIX**
 STREET ADDRESS: **650 S.W. 123 AVE**
 CITY-ST-ZIP: **MIAMI, FL 33184**

TITLE: **D** Delete
 NAME: **EVINS, ENRIQUE**
 STREET ADDRESS: **135 NW 109 ST**
 CITY-ST-ZIP: **MIAMI SHORES FL 33168**

TITLE: **D** Change Addition
 NAME: **GARCIA, ROBERT**
 STREET ADDRESS: **4180 CHASE AVE #3**
 CITY-ST-ZIP: **MIAMI BEACH, FL 33140**

TITLE: **D** Delete
 NAME: **JOHNSON, ALFRED V**
 STREET ADDRESS: **130 NE 192 STREET**
 CITY-ST-ZIP: **MIAMI FL 33179**

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

TITLE: **D** Delete
 NAME: **FICE-HUDSON, MARTHA**
 STREET ADDRESS: **1409 NW 56TH STREET**
 CITY-ST-ZIP: **MIAMI FL 33140**

TITLE: **D** Change Addition
 NAME: **PEACH, VICTORIA**
 STREET ADDRESS: **11450 NE 10 AVE**
 CITY-ST-ZIP: **MIAMI, FL 33161**

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

03-15-02

305-759-6332

CR2E037 (9/01)