


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90204 011 ****70.00

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



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1677644** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **<CHANGE OF ADDRESS ONLY>**

Street Address (P.O. Box Number is Not Acceptable)
3750 NE 169 ST #108

City **NORTH MIAMI BEACH** FL Zip Code **33160**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Robert R. Hardison* **ROBERT R. HARDISON S/T/D** DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees **Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

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 type="checkbox"/> Delete
NAME	FUENTES, FELIX	
STREET ADDRESS	650 SW 123 AVE	
CITY-ST-ZIP	MIAMI FL 33184	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARCIA, ROBERT	
STREET ADDRESS	4180 CHASE AVE #3	
CITY-ST-ZIP	MIAMI BEACH FL 33146	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, ALFRED V	
STREET ADDRESS	130 NE 192 STREET	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PEACH, VICTORIA	
STREET ADDRESS	11450 NE 10 AVE	
CITY-ST-ZIP	MIAMI FL 33161	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARDISON, ROBERT R.	
STREET ADDRESS	3750 N.E. 169 ST #108	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	
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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONAHUE, DANIEL	
STREET ADDRESS	13240 N.W. 10 AVE	
CITY-ST-ZIP	MIAMI FL 33168	

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* **ROBERT R. HARDISON** 01/21/03

CR2E037 (10/02)

Attachment
90011040
707751

ANNIE PERRANTI
19995 NE 10TH PL WAY
N MIAMI 33179
305 401 2808

ADDITIONAL
DIRECTOR

DAVID L DONAHUE
~~XXXXXXXXXX~~
13240 N.W. 10 AVE
MIAMI, FL 33168

ADDITION
DIRECTOR