

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 716495**

1. Entity Name

**LITTLE OCEAN CLUB CONDOMINIUM, INC.**

**FILED**  
**Mar 28, 2000 8:00 am**  
**Secretary of State**

03-28-2000 90096 034 \*\*\*\*61.25

Principal Place of Business 1457 NE OCEAN BLVD HUTCHINSON ISLAND STUART FL 34996	Mailing Address 1457 NE OCEAN BLVD HUTCHINSON ISLAND STUART FL 34996
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-1268758</b>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**FISHER, RICHARD V**  
**1457 N.E. OCEAN BLVD.**  
**STUART FL 34996**

Name		
Street Address (P.O. Box Number is Not Acceptable)		
City	<b>FL</b>	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 \_\_\_\_\_ 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 Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EVANS, NELL		NAME		
STREET ADDRESS	1409 CHERRY LANE		STREET ADDRESS		
CITY-ST-ZIP	VIRGINIA BEACH VA 23454		CITY-ST-ZIP	<b>SAME</b>	
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DYBVIK, RICHARD		NAME		
STREET ADDRESS	HCR BOX 71		STREET ADDRESS		
CITY-ST-ZIP	TUNBRIDGE VE 05077		CITY-ST-ZIP	<b>SAME</b>	
TITLE	VD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NEZBEDA, KURT		NAME		
STREET ADDRESS	11 COZY BLUFF RD		STREET ADDRESS		
CITY-ST-ZIP	SAVANNAH GA 31410		CITY-ST-ZIP	<b>SAME</b>	
TITLE	TD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ARGIRI, SAMUEL		NAME		
STREET ADDRESS	35770 MONTEREY DRIVE		STREET ADDRESS		
CITY-ST-ZIP	CLINTON TOWNSHIP MI 48035		CITY-ST-ZIP	<b>SAME</b>	
TITLE	TD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WHITE, JAMES DAVID		NAME		
STREET ADDRESS	10145 MUSIC ST		STREET ADDRESS		
CITY-ST-ZIP	NOVELTY OH 44072		CITY-ST-ZIP	<b>SAME</b>	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: \_\_\_\_\_

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*3/23/00*

CR2E037 (9/99)