

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 59-1268758		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 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				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 _____ 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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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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	SAME		
CITY-ST-ZIP	VIRGINIA BEACH VA 23454			CITY-ST-ZIP			
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	SAME		
CITY-ST-ZIP	TUNBRIDGE VE 05077			CITY-ST-ZIP			
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	SAME		
CITY-ST-ZIP	SAVANNAH GA 31410			CITY-ST-ZIP			
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	SAME		
CITY-ST-ZIP	CLINTON TOWNSHIP MI 48035			CITY-ST-ZIP			
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	SAME		
CITY-ST-ZIP	NOVELTY OH 44072			CITY-ST-ZIP			
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 Date: 3/23/00 Daytime Phone # _____

CR2E037 (9/99)