

# 2000 UNIFORM BUSINESS REPORT (UBR)

1/24/00-90087-037-\$150.00-\$150.00

**DOCUMENT # P99000025556**

1. Entity Name

**LITTLE RIVER LODGE, INC.**

**FILED**

**00 MAR -2 AM 9:18**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

POST OFFICE BOX 18725  
PENSACOLA FL 32523

POST OFFICE BOX 18725  
PENSACOLA FL 32523-8725

2. Principal Place of Business

**#1 Buck Phillips Road**

3. Mailing Address

**same as above**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Little River, AL**

City & State

4. FEI Number

**58-2459186**

Applied For

Not Applicable

Zip

**36550**

Country

**USA**

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**FITE, DONNA L  
163 LEPORT DRIVE  
PENSACOLA BEACH FL 32561**

7. Name and Address of New Registered Agent

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2000 Fee will be \$550.00  
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **D**  Delete  
NAME **FITE, DONNA L**  
STREET ADDRESS **163 LEPORT DRIVE**  
CITY-ST-ZIP **PENSACOLA BEACH FL 32561**

TITLE **D**  Delete  
NAME **UPCHURCH, JUDITH**  
STREET ADDRESS **3751 INDUSTRIAL PARK DRIVE**  
CITY-ST-ZIP **MOBILE AL 36693**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**KE**

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Donna L. Fite*  
**REGISTERED**

**Donna L. Fite**

**1/18/00**

**(850) 932-0782**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Even Phone #

CE 014-0111