2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State
03-14-2001 90005 003 ***150.00

DOCUMENT # F00000006810

1. Entity Name

LANGFORD RESORTS, INC.

Principal Place of Business	Mailing Address
530 OAK COURT DRIVE. SUITE 360 MEMPHIS TN 38117	530 OAK COURT DRIVE. SUITE 360 MEMPHIS TN 38117

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
35000 Emerald Coast Pkwy	35000 Emerald Coast Pkwy
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Destin, Florida	City & State: Destin, Florida.
Zip: 32541 Country	Zip: 32541 Country

4. FEI Number APPLIED FOR ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCD LEVINE, DAVID L 530 OAK COURT DRIVE, SUITE 360 MEMPHIS TN 38117	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SELBERG, DAVID 530 OAK COURT DRIVE, SUITE 360 MEMPHIS TN 38117	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S STANDARD, KELLEY B 530 OAK COURT DRIVE, SUITE 360 MEMPHIS TN 38117	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MURPHY, J. SCOTT 530 OAK COURT DRIVE, SUITE 360 MEMPHIS TN 38117	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/00)

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: Kelley B Standard Asst Secretary 3/5/01 901-762-4079
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Doc # F00000068 10

67000

Form **SS-4**
(Rev. February 1998)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

▶ Keep a copy for your records.

EIN

OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (legal name) (see instructions): LANGFORD RESORTS, INC

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name: DAVID L. LEVINE CEO

4a Mailing address (street address) (room, apt., or suite no.): 530 Oak Court Dr., Suite 360

5a Business address (if different from address on lines 4a and 4b): 13831 VENICE BLVD, SUITE 105

4b City, state, and ZIP code: Memphis, TN 38117

5b City, state, and ZIP code: FORT MYERS, FL 33907

6 County and state where principal business is located: LEE COUNTY, FLORIDA

7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions): David L. Levine (Social Security #363-50-4207)

8a Type of entity (Check only one box.) (see instructions)
Caution: *If applicant is a limited liability company, see the instructions for line 8a.*

- ☐ Sole proprietor (SSN) ____
- ☐ Partnership
- ☐ REMIC
- ☐ State/local government
- ☐ Church or church-controlled organization
- ☐ Other nonprofit organization (specify) ▶ ____
- ☒ Other (specify) ▶ PROFIT
- ☐ Personal service corp.
- ☐ National Guard
- ☐ Farmers' cooperative
- ☐ Estate (SSN of decedent) ____
- ☐ Plan administrator (SSN) ____
- ☐ Other corporation (specify) ▶ ____
- ☐ Trust
- ☐ Federal government/military

(enter GEN if applicable) ____

8b If a corporation, name the state or foreign country (if applicable) where incorporated — State: Delaware — Foreign country: ____

9 Reason for applying (Check only one box.) (see instructions)
- ☒ Started new business (specify type) ▶ Sec. 1441 Loans
- ☐ Hired employees (Check this box and see line 12.)
- ☐ Created a pension plan (specify type) ▶ ____
- ☐ Banking purpose (specify purpose) ▶ ____
- ☐ Changed type of organization (specify new type) ▶ ____
- ☐ Purchased going business
- ☐ Created a trust (specify type) ▶ ____
- ☐ Other (specify) ▶ ____

10 Date business started or acquired (month, day, year) (see instructions): 12/8/00

11 Closing month of accounting year (see instructions): December

12 First date wages or annuities were paid or will be paid (month, day, year). Note: *If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)* ▶ N/A

13 Highest number of employees expected in the next 12 months. Note: *If the applicant does not expect to have any employees during the period, enter -0-.* (see instructions)	Nonagricultural	Agricultural	Household
	0	0	0

14 Principal activity (see instructions) ▶ Resort property management and rental

15 Is the principal business activity manufacturing? ☐ Yes ☒ No
If "Yes," principal product and raw material used ▶ ____

16 To whom are most of the products or services sold? Please check one box. ☐ Business (wholesale) ☒ N/A
☐ Public (retail) ☐ Other (specify) ▶ ____

17a Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☒ No
Note: *If "Yes," please complete lines 17b and 17c.*

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.
Legal name ▶ ____ Trade name ▶ ____

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.
Approximate date when filed (mo., day, year) ____ City and state where filed ____ Previous EIN ____

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code): 901-752-0007

Fax telephone number (include area code): 901 762-0635

Name and title (Please type or print clearly.) ▶ Kelley B. Standard, VP

Signature ▶ Kelley B Standard

Date ▶ 12/14/00

Note: *Do not write below this line. For official use only.*

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying