

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000005751

1. Entity Name

RGC, LLC

FILED

01 MAY -8 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
10688-C CRESTWOOD DRIVE
MANASSAS VA 20109

Mailing Address
10688-C CRESTWOOD DRIVE
MANASSAS VA 20109



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3654429

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete
FORE GOLF INC.
STREET ADDRESS 18086 S.E. VILLAGE CIRCLE
CITY-ST-ZIP TEQUESTA FL 33469

TITLE NAME ☐ Change ☐ Addition
300004367383--6
STREET ADDRESS -06/06/01--01043--013
CITY-ST-ZIP *****50.00 *****50.00

TITLE NAME ☐ Delete
WALTER W. STAPLES
STREET ADDRESS 12212 S.E. BIRKDALE RUN
CITY-ST-ZIP TEQUESTA FL 33469

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
KIMBERLY R. THORNTON
STREET ADDRESS 8117 WILLINGBORD COURT
CITY-ST-ZIP GAINESVILLE VA 20155

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
CHARLES K. STAPLES
STREET ADDRESS 18086 S.E. VILLAGE CIRCLE
CITY-ST-ZIP TEQUESTA FL 33469

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/28/01 703/367-7237