

2001 UNIFORM BUSINESS REPORT (UBR)

0030404 AB

DOCUMENT # **L99000007410**

1. Entity Name

LEGENDS NATIONAL GOLF MANAGEMENT, LLC

FILED

01 FEB 22 PM 4:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

14 N. ADGER'S WHARF
CHARLESTON SC 29401

Mailing Address

P.O. BOX 2038
MYRTLE BEACH SC 29478

2. Principal Place of Business

1500 Legends Road
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

MYRTLE BEACH, SC

City & State

MYRTLE BEACH, SC

4. FEI Number

57-1082929

Applied For

Not Applicable

Zip

29577

Country

USA

Zip

29577

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME ☐ Delete
MGRM
YOUNG, LARRY D
STREET ADDRESS 1277 DEBORDIEU BOULEVARD/DEBORDIEU COLONY
CITY-ST-ZIP GEORGETOWN SC 29440

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
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TITLE NAME ☐ Delete
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CITY-ST-ZIP

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE NAME ☐ Change ☐ Addition
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TITLE NAME ☐ Change ☐ Addition
NAME
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 #

843
02/01/01 236-5131

CR2E083 (11/00)