

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M97000000844

1. Entity Name

PREFERRED GOLF CLUB SOLUTIONS LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG 24 AM 10: 02

Principal Place of Business

1301 WRIGHT'S LANE EAST

PO BOX 1389

WEST CHESTER PA 19380

Mailing Address

1301 WRIGHT'S LANE EAST

PO BOX 1389

WEST CHESTER PA 19380-0028

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-3400663

Applied For

Not Applicable

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

HQ CORPORATE SERVICES, INC.
526 EAST PARK AVENUE, SUITE 200
TALLAHASSEE FL 32301

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 ☐ Delete
NAME MGRM
STREET ADDRESS HARVEY, PHILIP J
CITY- ST- ZIP 2 FLYWAY DRIVE
NEWTOWN SQUARE PA 19073

TITLE ☐ Change ☐ Addition
NAME 0000003384490--3
STREET ADDRESS -09/06/00--01114--002
CITY- ST- ZIP *****50.00 *****50.00

TITLE ☐ Delete
NAME MGRM
STREET ADDRESS HARVEY, TARA
CITY- ST- ZIP 2 FLYWAY DRIVE
NEWTOWN SQUARE PA 19073

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ 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 606, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

8/21/00

Date

610.692.9701

Daytime Phone #

CR2E083 (9/99)