

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90204 037 ****70.00

DOCUMENT #

1. Entity Name

N 32394

WENTWORTH GOLF CLUB, INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business

2990 WENTWORTH WAY

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

TARPON SPRINGS, FL

City & State

4. FEI Number

59-2950781

Applied For

Not Applicable

Zip

Country

34689

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

IRWIN, IAN F.
 222 SECOND STREET NORTH
 ST. PETERSBURG, FLORIDA 33701

7. Name and Address of New Registered Agent

Name **DR. MARK ZACHARY**
 Street Address (P.O. Box Number is Not Acceptable)
2849 ROE HAMPTON CLOSE
 City **TARPON SPRINGS** **FL** Zip Code **34689**

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

Mark Zachary President

4/20/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PSTD	<input checked="" type="checkbox"/> Delete
NAME	IRWIN, IAN F.	
STREET ADDRESS	222 SECOND STREET NORTH	
CITY-ST-ZIP	ST. PETERSBURG, FL 33701	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	IRWIN, IAN N.	
STREET ADDRESS	222 SECOND STREET NORTH	
CITY-ST-ZIP	ST. PETERSBURG, FL 33701	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KEENER, DENNIS	
STREET ADDRESS	3058 WENTWORTH WAY	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DR. MARK ZACHARY	
STREET ADDRESS	2849 ROE HAMPTON CLOSE	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANDY FIERBAUGH	
STREET ADDRESS	4679 TAMWORTH DRIVE	
CITY-ST-ZIP	PALM HARBOR, FL 34685	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RON CAMISASCA	
STREET ADDRESS	2913 WENTWORTH WAY	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARRY EIDEN	
STREET ADDRESS	2913 KENSINGTON TRACE	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES BRADSHAW	
STREET ADDRESS	2818 ROE HAMPTON CLOSE	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JIM VAUGHAN	
STREET ADDRESS	2964 KENSING TRACE	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mark Zachary

4/20/00

727-942-4760

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Telephone #

CR2E037 (9/99)