

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 644306

1. Entity Name

WADSWORTH DEVELOPMENT CORPORATION

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90201 046 \*\*\*150.00

Principal Place of Business

8351 BLIND PASS ROAD  
ST PETERSBURG BEACH FL 33706

Mailing Address

8351 BLIND PASS ROAD  
ST PETERSBURG BEACH FL 33706-1515

2. Principal Place of Business

16326 Gulf Blvd.

Suite, Apt. #, etc.

3. Mailing Address

16326 Gulf Blvd.

Suite, Apt. #, etc.

City & State

Redington Beach, Fl.

City & State

Redington Beach, Fl.

4. FEI Number

59-1974584

Applied For

Not Applicable

Zip

33708

Country

USA

Zip

33708

Country

USA

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

DOUGLASS, ROBERT A  
8351 BLIND PASS ROAD  
ST PETERSBURG BEACH FL 33706

Name

Street Address (P.O. Box Number is Not Acceptable)  
16326 Gulf Blvd.

City

Redington Beach,

FL

Zip Code

33708

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

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, 2000 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WADSWORTH, LON C	NAME	16326 Gulf Blvd.
STREET ADDRESS	8351 BLIND PASS RD	STREET ADDRESS	Redington Beach, Fl. 33708
CITY-ST-ZIP	ST PETERSBURG FL 33706	CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOUGLASS, ROBERT A	NAME	16326 Gulf Blvd.
STREET ADDRESS	8351 BLIND PASS ROAD	STREET ADDRESS	Redington Beach, Fl. 33708
CITY-ST-ZIP	ST PETE BCH, FL 00000	CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEHMANN, LANA JO	NAME	16326 Gulf Blvd.
STREET ADDRESS	8351 BLIND PASS ROAD	STREET ADDRESS	Redington Beach, Fl. 33708
CITY-ST-ZIP	ST. PETE BCH FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)