

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 828679

1. Entity Name

WADSWORTH GOLF CONSTRUCTION COMPANY OF THE SOUTH

Principal Place of Business

200 FOREST LAKES BLVD  
PO BOX 388  
OLDSMAR FL 34677

Mailing Address

200 FOREST LAKES BLVD  
PO BOX 388  
OLDSMAR FL 34677-0388

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

59-1381059

Applied For

Not Applicable

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

HILL, LEWIS H  
FOLEY & LARDNER & HILL  
ONE TAMPA CITY CENTER-SUITE 2900  
TAMPA FL 33601

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

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	SHAPLAND, JON	200 FOREST LAKES BLVD	OLDSMAR FL	<input type="checkbox"/>
D	WADSWORTH, BRENT	200 FOREST LAKES BLVD	OLDSMAR FL	<input type="checkbox"/>
VD	ELDREDGE, PAUL	1901 VAN DYKE RD.	PLAINFIELD ILL	<input type="checkbox"/>
S	RAGSDALE, WAYNE	200 FOREST LAKES BLVD.	OLDSMAR, FL 00000	<input type="checkbox"/>
T	MORROW, GERALD	1824 KENILWORTH PLACE	AURORA IL	<input type="checkbox"/>
D	COTTER, JOHN	1901 VAN DYKE RD	PLAINFIELD IL	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

JON SHAPLAND, PRESIDENT

813/854/2400

4/28/00

Date

Daytime Phone #

CR2E034 (9/99)