

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 828679

1. Entity Name

WADSWORTH GOLF CONSTRUCTION COMPANY OF THE SOUTH

FILED

Feb 02, 2001 8:00 am  
Secretary of State

02-02-2001 90292 003 \*\*\*150.00

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

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, 2001 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 PD ☐ Delete  
NAME SHAPLAND, JON  
STREET ADDRESS 200 FOREST LAKES BLVD  
CITY-ST-ZIP OLDSMAR FL

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

TITLE D ☐ Delete  
NAME WADSWORTH, BRENT  
STREET ADDRESS 200 FOREST LAKES BLVD  
CITY-ST-ZIP OLDSMAR FL

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

TITLE VD ☐ Delete  
NAME ELDREDGE, PAUL  
STREET ADDRESS 1901 VAN DYKE RD.  
CITY-ST-ZIP PLAINFIELD ILL

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

TITLE S ☐ Delete  
NAME RAGSDALE, WAYNE  
STREET ADDRESS 200 FOREST LAKES BLVD.  
CITY-ST-ZIP OLDSMAR, FL 00000

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

TITLE T ☐ Delete  
NAME MORROW, GERALD  
STREET ADDRESS 1824 KENILWORTH PLACE  
CITY-ST-ZIP AURORA IL

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

TITLE D ☐ Delete  
NAME COTTER, JOHN  
STREET ADDRESS 1901 VAN DYKE RD  
CITY-ST-ZIP PLAINFIELD IL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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

JON SHAPLAND, PRESIDENT

1/26/01

Date

813/854-2400

Daytime Phone #

CR2E034 (10/00)