

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90330 016 \*\*\*150.00

**DOCUMENT # 828679**

1. Entity Name

**WADSWORTH GOLF CONSTRUCTION COMPANY OF THE SOUTH EAST**

Principal Place of Business

Mailing Address

**200 FOREST LAKES BLVD  
 PO BOX 388  
 OLDSMAR FL 34677**

**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, 2002 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 ☐ Delete  
 NAME PD  
 STREET ADDRESS SHAPLAND, JON  
 CITY-ST-ZIP 200 FOREST LAKES BLVD  
 OLDSMAR FL

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

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

TITLE ☒ Change ☐ Addition  
 NAME C  
 STREET ADDRESS HARRELL, STEPHEN  
 CITY-ST-ZIP 600 N. 195th AVENUE  
 BUCKEYE, AZ 85326

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

TITLE ☒ Change ☐ Addition  
 NAME VD  
 STREET ADDRESS HARBAUER, EDWARD  
 CITY-ST-ZIP 200 FOREST LAKES BLVD.  
 OLDSMAR, FL

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

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

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

TITLE ☐ Change ☐ Addition  
 NAME T  
 STREET ADDRESS BANNON, JAMES  
 CITY-ST-ZIP 1901 VAN DYKE ROAD  
 PLAINFIELD, IL 60544

TITLE ☒ Delete  
 NAME D  
 STREET ADDRESS COTTER, JOHN  
 CITY-ST-ZIP 1901 VAN DYKE RD  
 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 another line empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-11-02

813-8542400

CR2E034 (9/01)