

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90448 025 ***150.00

DOCUMENT # 828679

1. Entity Name

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



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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

TITLE **C** ☐ Delete
NAME **HARRELL, STEPHEN**
STREET ADDRESS **600 N 195TH AVE**
CITY-ST-ZIP **BUCKEYE AZ 85326**

TITLE **VD** ☐ Delete
NAME **HARBAUER, EDWARD**
STREET ADDRESS **200 FOREST LAKES BLVD**
CITY-ST-ZIP **OLDSMAR FL**

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

TITLE **T** ☐ Delete
NAME **MORROW, GERALD**
STREET ADDRESS **1901 VAN DYKE RD**
CITY-ST-ZIP **PLAINFIELD IL 60544**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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 reports 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 10 or Block 11 if changed, or on an attachment with an address, without other, like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Jon Shapland

President

2/28/003

813/854-2400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)