

2000 UNIFORM BUSINESS REPORT (UBR)

J. 9485 AF

DOCUMENT # A98000002630
 1. Entity Name
RICHLAND MANAGEMENT, LTD.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 MAY -1 PM 12:06



Principal Place of Business
**4830 WEST KENNEDY BLVD., SUITE 740
 TAMPA FL 33609**

Mailing Address
**4830 WEST KENNEDY BLVD., SUITE 740
 TAMPA FL 33609-2581**

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip

4. FEI Number **APPLIED FOR**
59-3606808

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**ROSS, SAMUEL K
 4830 WEST KENNEDY BLVD., SUITE 740
 TAMPA FL 33609**

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$250,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **250,000**

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #	F9800006481
NAME	URBAN WEST MANAGEMENT, INC.
STREET ADDRESS	4830 WEST KENNEDY BLVD., SUITE 740
CITY - ST - ZIP	TAMPA FL 33609
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
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CITY - ST - ZIP	

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*****535.00 ***535.00**

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **Dale A. West**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Treasurer 4/26/00 (813) 286-4140
 Date Daytime Phone #

REVISED 10/01/99