

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90142 006 \*\*\*\*70.00

**DOCUMENT # N96000003294**

1. Entity Name

**SOUTHCHASE NON-SINGLE FAMILY RESIDENTIAL PROPERTY**

Principal Place of Business

Mailing Address

4830 WEST KENNEDY BOULEVARD  
 ONE URBAN CENTRE - SUITE 740  
 TAMPA FL 33609

4830 WEST KENNEDY BOULEVARD  
 ONE URBAN CENTRE - SUITE 740  
 TAMPA FL 33609-2564



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3399169**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**RICHLAND PROPERTIES, INC.**  
**4830 WEST KENNEDY BOULEVARD**  
**ONE URBAN CENTRE - SUITE 740**  
**TAMPA FL 33609**

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

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WILKINSON, J C</b>	
STREET ADDRESS	<b>4830 WEST KENNEDY BOULEVARD #740</b>	
CITY-ST-ZIP	<b>TAMPA FL 33609</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ROSS, SAMUEL K</b>	
STREET ADDRESS	<b>4830 WEST KENNEDY BOULEVARD #740</b>	
CITY-ST-ZIP	<b>TAMPA FL 33609</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WEST, DALE</b>	
STREET ADDRESS	<b>4830 WEST KENNEDY BOULEVARD #740</b>	
CITY-ST-ZIP	<b>TAMPA FL 33609</b>	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

*Samuel K. Ross*

Date

Daytime Phone #

*Secretary 4/26/00 (813) 286-4140*

CR2E037 19/99