

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

001 707

**DOCUMENT # N96000003294**

1. Entity Name

**SOUTHCHASE NON-SINGLE FAMILY RESIDENTIAL PROPERT**

05-03-2001 90998 002 \*\*\*\*\*70.00

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

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4890 W. Kennedy Boulevard

4890 W. Kennedy Boulevard

Suite, Apt. #, etc.  
 Suite #850

Suite, Apt. #, etc.  
 Suite #850

City & State  
 Tampa, Florida

City & State  
 Tampa, Florida

4. FEI Number

59-3399169

Applied For  
 Not Applicable

Zip 33609-1863

Country USA

Zip 33609-1863

Country USA

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  
 Samuel K. Ross

Street Address (P.O. Box Number is Not Acceptable)  
 4890 W. Kennedy Boulevard

Suite #850

City

Tampa

FL

Zip Code  
 33609-1863

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

Samuel K. Ross

4-26-2001

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

TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4890 W. Kennedy Blvd., #850	
CITY-ST-ZIP	Tampa, Florida 33609-1863	
TITLE	D/V/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4890 W. Kennedy Blvd., #850	
CITY-ST-ZIP	Tampa, Florida 33609-1863	
TITLE	D/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4890 W. Kennedy Blvd., #850	
CITY-ST-ZIP	Tampa, Florida 33609-1863	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 REQUIRED**

Samuel K. Ross

4-26-2001

813-286-4140

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)