

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003713

1. Entity Name

SOUTHCHASE PARCELS 11, 11A AND 13 MASTER POND PR

FILED

Jun 21, 2001 8:00 am  
Secretary of State

05-03-2001 90998 001 \*\*\*\*70.00

Principal Place of Business

ONE URBAN CENTRE, SUITE 740  
4830 W KENNEDY BLVD  
TAMPA FL 33609

Mailing Address

ONE URBAN CENTRE, SUITE 740  
4830 W KENNEDY BLVD  
TAMPA FL 33609

2. Principal Place of Business

4890 W. Kennedy Boulevard

Suite, Apt. #, etc.  
Suite #850

3. Mailing Address

4890 W. Kennedy Boulevard

Suite, Apt. #, etc.  
Suite #850

City & State Tampa, Florida

City & State Tampa, Florida

Zip 33609-1863

Country USA

Zip 33609-1863

Country USA

4. FEI Number

59-3525463

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RICHLAND PROPERTIES, INC.  
ONE URBAN CENTRE, SUITE 740  
4830 W KENNEDY BLVD  
TAMPA FL 33609

7. Name and Address of New Registered Agent

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

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

TITLE D  
NAME WILKINSON, J CURT  
STREET ADDRESS ONE URBAN CENTRE, SUITE 740  
CITY-ST-ZIP TAMPA FL 33609 ☐ Delete

TITLE D  
NAME ROSS, SAMUEL K  
STREET ADDRESS ONE URBAN CENTRE, SUITE 740  
CITY-ST-ZIP TAMPA FL 33609 ☒ Delete

TITLE D  
NAME WEST, DALE  
STREET ADDRESS ONE URBAN CENTRE, SUITE 740  
CITY-ST-ZIP TAMPA FL 33609 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS 4890 W. Kennedy Blvd., #850  
CITY-ST-ZIP Tampa, Florida 33609-1863 ☒ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS 4890 W. Kennedy Blvd., #850  
CITY-ST-ZIP Tampa, Florida 33609-1863 ☒ Change ☐ Addition

TITLE D  
NAME JOANNE VINCENT  
STREET ADDRESS 201 LIVE OAKS BLVD.  
CITY-ST-ZIP CASSELBERRY, FL 32707 ☐ Change ☒ Addition

TITLE D  
NAME THOMAS G. DABNEY  
STREET ADDRESS P.O. BOX 5335  
CITY-ST-ZIP SARASOTA, FL 34211 ☐ Change ☒ Addition

TITLE D  
NAME RAY MANNING, JR.  
STREET ADDRESS 8042 MONIER WAY  
CITY-ST-ZIP ORLANDO, FL 32835 ☐ Change ☒ Addition

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Dale West

813.286-4140