

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90987 011 ***158.75

DOCUMENT # P94000078789

1. Entity Name

RICHLAND IRVINE, INC.



Principal Place of Business

**4890 W. KENNEDY BOULEVARD., STE 850
TAMPA FL 33609-1863**

Mailing Address

**4890 W. KENNEDY BOULEVARD., STE 850
TAMPA FL 33609-1863**

2. Principal Place of Business

4890 West Kennedy Blvd.

Suite 920

Tampa, FL 33609-1863

3. Mailing Address

4890 West Kennedy Blvd.

Suite, Apt. #, etc.

Suite 920

Tampa, FL 33609-1863

Zip

Country

USA

Zip

Country

USA

4. FEI Number

65-0534142

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

BRAY, JACK

**4890 W. KENNEDY BOULEVARD., STE 850
TAMPA FL 33609-1863**

7. Name and Address of New Registered Agent

Name

F&L CORP.

Street Address

THE GREENLEAF BUILDING

200 LAURA STREET, 3RD FLOOR

JACKSONVILLE, FL 32202-3510

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

R. J. Wolfe

F&L Corp

By: R.J. Wolfe, V.P. 4/28/03

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

(NOTE: Re

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 **BRAY, JACK H**
STREET ADDRESS **4890 W. KENNEDY BOULEVARD., STE 850**
CITY-ST-ZIP **TAMPA FL 33609-1863**

TITLE **VS** ☒ Delete
NAME **ROSS, SAMUEL K**
STREET ADDRESS **4890 W. KENNEDY BOULEVARD., STE 850**
CITY-ST-ZIP **TAMPA FL 33609-1863**

TITLE **V** ☒ Delete
NAME **GREEN, DANIEL B**
STREET ADDRESS **4890 W KENNEDY BLVD, #850**
CITY-ST-ZIP **TAMPA FL 33609-1863**

TITLE **VT** ☐ Delete
NAME **WEST, DALE A**
STREET ADDRESS **4890 W. KENNEDY BOULEVARD., STE 850**
CITY-ST-ZIP **TAMPA FL 33609-1863**

TITLE **V** ☐ Delete
NAME **SCHAFER, JOHN H**
STREET ADDRESS **3 IMPERIAL PROMENADE STE 150**
CITY-ST-ZIP **SANTA ANA CA 92707**

TITLE **V** ☐ Delete
NAME **THURTL, STEPHEN**
STREET ADDRESS **2220 DOUGLAS BLVD, SUITE 290**
CITY-ST-ZIP **ROSEVILLE CA 95661**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **John H. Bray**
STREET ADDRESS **4890 W. Kennedy Blvd., Ste. 920**
CITY-ST-ZIP **Tampa, FL 33609-1863**

TITLE **Vice President/Secretary** ☐ Change ☒ Addition
NAME **Matthew J. Bray**
STREET ADDRESS **4890 W. Kennedy Blvd, Ste. 920**
CITY-ST-ZIP **Tampa, FL 33609-1863**

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

TITLE **VS** ☒ Change ☐ Addition
NAME **Dale A. West**
STREET ADDRESS **4890 W. Kennedy Blvd., Ste. 920**
CITY-ST-ZIP **Tampa, FL 33609-1863**

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 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 607, 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:

Matthew J. Bray
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-03 (813) 886-4140

CR2E034 (10/02)