

# 2001 UNIFORM BUSINESS REPORT (UBR)

0009696 AF

DOCUMENT # **A24087**

1. Entity Name  
**SOUTHCHASE, LTD.**

**FILED**  
**01 MAY -1 PM 12:31**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

Principal Place of Business Mailing Address  
**4830 W. KENNEDY BLVD., SUITE 740 TAMPA FL 33609** **4830 W. KENNEDY BLVD., SUITE 740 TAMPA FL 33609**



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 Tampa, Florida

4. FEI Number **59-2761635** 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  
**BRAY, JACK H**  
**4830 W. 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) **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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$26,712,715.00**

10. Amount of Capital Contributions in FLORIDA to date. **26,712,715.**

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 this form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	<b>J47194</b>
NAME	<b>RICHLAND PROPERTIES, INC</b>
STREET ADDRESS	<b>4830 W KENNEDY BLVD, #740</b>
CITY-ST-ZIP	<b>TAMPA FL</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	<b>4890 W Kennedy Blvd, #850</b>
CITY-ST-ZIP	<b>Tampa, Florida 33609-1863</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>500004287935--8</b>
CITY-ST-ZIP	<b>-05/22/01--01104--009</b> <b>****535.00 ****535.00</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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: Samuel K. Ross **Samuel K. Ross** **4.25.2001** **813-286-4140**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)