

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A32883**

1. Entity Name

**RICHARDS & ASSOCIATES, LTD. 92-1, A CALIFORNIA L**

FILED

00 JAN 18 AM 11:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

1029 STATE STREET  
SANTA BARBARA CA 93101

Mailing Address

1029 STATE STREET  
SANTA BARBARA CA 93101-2710

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

77-0306100

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TANEN, JEFFREY S.  
ONE BISCAYNE TOWER, SUITE 3250  
TWO SOUTH BISCAYNE BOULEVARD  
MIAMI FL 33131

7. Name and Address of New Registered Agent

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

9. Capital Contributions  
as Shown on record.

\$1,700,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

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

12. GENERAL PARTNER INFORMATION

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
RICHARDS, MAURICE F.  
1029 STATE STREET  
SANTA BARBARA CA 93101

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
RICHARDS, STANTON  
1029 STATE STREET  
SANTA BARBARA CA 93101

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
RICHARDS, RHODELLE  
1029 STATE STRET  
SANTA BARBARA CA 93101

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

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

7000003107187--4

-01/24/00=-01004--015

\*\*\*\*526.25 \*\*\*\*526.25

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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

RICHARDS, RHODELLE

1-12-00

805 963-6688

Date

Daytime Phone #