

# 2001 UNIFORM BUSINESS REPORT (UBR)

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**DOCUMENT # A94000000692**

1. Entity Name

**RICHLAND CROWN VALLEY, LTD.**

Principal Place of Business

**ONE URBAN CENTER  
4830 WEST KENNEDY BLVD., SUITE 740  
TAMPA FL 33609**

Mailing Address

**ONE URBAN CENTER  
4830 WEST KENNEDY BLVD., SUITE 740  
TAMPA FL 33609**

01 MAY -1 PM 12:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**4890 W. Kennedy Boulevard**

3. Mailing Address

**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

**59-3247035**

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

**GREEN, DANIEL B  
ONE URBAN CENTER  
4830 WEST KENNEDY BLVD., SUITE 740  
TAMPA FL 33609**

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 \_\_\_\_\_ (NOT Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record.

**\$1,633,400.00**

10. Amount of Capital Contributions in FLORIDA to date.

**1,633,400.**

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P94000059603**  
NAME **RICHLAND VENTURES, INC.**  
STREET ADDRESS **4830 W. KENNEDY BLVD., SUITE 740**  
CITY-ST-ZIP **TAMPA FL 33609**

STREET ADDRESS **4890 W. Kennedy Blvd. #850**  
CITY-ST-ZIP **Tampa, Florida 33609-1863**

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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: \_\_\_\_\_

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**Samuel K. Ross**

**4-25-2001**

Date

**813.286.4140**

Daytime Phone #

CR2E003 (11/00)