

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # : A97000002437

1. Entity Name
RICHLAND LANCASTER, LTD.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 JUN -7 AM 8:56

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

Mailing Address
 4830 W. KENNEDY BLVD., SUITE 740
 TAMPA FL 33609-2581



MJH

DO NOT WRITE IN THIS SPACE

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 59-3477089 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 WEST, DALE A
 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)
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$1,039,381.00

10. Amount of Capital Contributions in FLORIDA to date. 1080250

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 #	P95000000503
NAME	URBAN PROPERTIES OF CALIFORNIA, INC.
STREET ADDRESS	4830 W. KENNEDY BLVD., SUITE 740
CITY - ST - ZIP	TAMPA FL 33609
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	300003279943--5
CITY - ST - ZIP	-08/07/00--01057--010
	****535.00 ****535.00
STREET ADDRESS	
CITY - ST - ZIP	
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: Dale A. West, Treasurer 4/24/00 (813) 286-4140

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CF 5003 (4/00)