

# 2001 UNIFORM BUSINESS REPORT (UBR)

0008608 AF

DOCUMENT # **A97000002437**

1. Entity Name  
**RICHLAND LANCASTER, LTD.**

FILED

01 MAY -1 PM 5:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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



2. Principal Place of Business <b>4890 W. Kennedy Boulevard</b>	3. Mailing Address <b>4890 W. Kennedy Boulevard</b>
Suite, Apt. #, etc. <b>Suite #850</b>	Suite, Apt. #, etc. <b>Suite #850</b>
City & State <b>Tampa, Florida</b>	City & State <b>Tampa, Florida</b>
Zip <b>33609-1863</b> Country <b>USA</b>	Zip <b>33609-1863</b> Country <b>USA</b>

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3477089**

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)  
**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 \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$1,080,250.00**

10. Amount of Capital Contributions in FLORIDA to date **1,087,150.**

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>P95000000503</b>
NAME	<b>URBAN PROPERTIES OF CALIFORNIA, INC.</b>
STREET ADDRESS	<b>4830 W. KENNEDY BLVD., SUITE 740</b>
CITY-ST-ZIP	<b>TAMPA FL 33609</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
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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	<b>100004215271--3</b>
CITY-ST-ZIP	<b>-05/14/01--01106--010</b>
	<b>****587.50 ****535.00</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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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 DATE: 4-25-2001 DAYTIME PHONE #: 813-286-4140

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (11/00)