

2002 UNIFORM BUSINESS REPORT (UBR)

0013176 AT

DOCUMENT # **A97000002437**

1. Entity Name
RICHLAND LANCASTER, LTD.

FILED

02 MAY -6 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
4890 W. KENNEDY BLVD., SUITE 850 **4890 W. KENNEDY BLVD., SUITE 850**
TAMPA FL 33609-1863 **TAMPA FL 33609-1863**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

DUE BY MAY 1, 2002

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 7. Name and Address of New Registered Agent

WEST, DALE A
4890 W. KENNEDY BLVD., SUITE 850
TAMPA FL 33609-1863

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$1,087,150.00** 10. Amount of Capital Contributions in FLORIDA to date. **1,380,724.00** 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	4890 W. KENNEDY BLVD., SUITE 850
CITY-ST-ZIP	TAMPA FL 33609-1863
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	900005637549--7
CITY-ST-ZIP	-05/29/02--01039--005 ***2285.00 ***535.00
STREET ADDRESS	
CITY-ST-ZIP	FF \$ 526.25
STREET ADDRESS	CUS 8.75
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: SIG. *Daniel B. Jacobs* REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date **4/25/02** Daytime Phone # **(813) 280-4140**

CR2E003 (9/01)