

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000002437**

1. Entity Name
RICHLAND LANCASTER, LTD.



FILED

03 MAY -6 PM 8:53

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJM

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

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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc. **SUITE 920**

Suite, Apt. #, etc. **SUITE 920**

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number **59-3477089**

Applied For
Not Applicable

Zip Country

Zip Country

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.) **F & L Corp.
The Greenleaf Building
200 Laura Street**
City **Jacksonville, FL 32202-3510**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *R.J. Wolfe* **F&L Corp**
By: **R.J. Wolfe, V.P.** 4/28/03

DATE

9. Capital Contributions as Shown on record. **\$1,380,724.00**

10. Amount of Capital Contributions in FLORIDA to date. **1,379,360**

11. MAKE CHECK PAYABLE TO FL. 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 # **P95000000503**
NAME **URBAN PROPERTIES OF CALIFORNIA, INC.**
STREET ADDRESS **4890 W. KENNEDY BLVD., SUITE 850**
CITY-ST-ZIP **TAMPA FL 33609-1863**

STREET ADDRESS **SUITE 920**
CITY-ST-ZIP

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400018311694
05/06/03--01125--019 **535.00

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* **VP & GP** 4/24/03 (813) 286-4114
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

0013362 AT

CR2E003 (10/02)

STAPLE CHECK HERE