

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91465 020 \*\*\*158.75

**DOCUMENT # F01000005531**

1. Entity Name  
**TEXAS RICHLAND PROPERTIES, INC.**



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

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



2. Principal Place of Business  
**4890 West Kennedy Blvd.**

3. Mailing Address  
**4890 West Kennedy Blvd.**

**Suite 920**  
**Tampa, FL 33609-1863**

**Suite 920**  
**Tampa, FL 33609-1863**

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number  
**59-2761917**

Applied For  
Not Applicable

Zip Country **USA**

Zip Country **USA**

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

## 6. Name and Address of Current Registered Agent

**F&L CORP.**  
**THE GREENLEAF BUILDING, 200 LAURA ST.**  
**THIRD FLOOR**  
**JACKSONVILLE FL 32202-3510**

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRAY, JACK H 4890 WEST KENNEDY BLVD., SUITE 850 TAMPA FL 33609-1863	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ROSS, SAMUEL K 4890 WEST KENNEDY BLVD., SUITE 850 TAMPA FL 33609-1863	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GREEN, DANIEL B 4890 WEST KENNEDY BLVD., SUITE 850 TAMPA FL 33609-1863	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT WEST, DALE A 4890 WEST KENNEDY BLVD., SUITE 850 TAMPA FL 33609-1863	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHAFFER, JOHN H 4890 WEST KENNEDY BLVD., SUITE 850 TAMPA FL 33609-1863	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V THURTLIE, STEPHEN 4890 WEST KENNEDY BLVD., SUITE 850 TAMPA FL 33609-1863	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD John H. Bray 4890 W. Kennedy Blvd., Ste. 920 Tampa, FL 33609-1863	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President/Secretary Matthew J. Bray 4890 W. Kennedy Blvd, Ste. 920 Tampa, FL 33609-1863	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT</b> Dale A. West 4890 W. Kennedy Blvd., Ste. 920 Tampa, FL 33609-1863	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-24-03 (813) 286-4110

CR2E034 (10/02)