

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F94000000379**

1. Entity Name

**RICHMOND PROPERTIES, INC.****FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90057 018 \*\*\*150.00

Principal Place of Business <b>3411 SILVERSIDE RD 100 HAGLEY BLDG WILMINGTON DE 19810 US</b>	Mailing Address <b>3411 SILVERSIDE RD 100 HAGLEY BLDG WILMINGTON DE 19810 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>3505 Silverside Road</b> Suite, Apt. #, etc. <b>206 Plaza Centre Building</b> City & State <b>Wilmington, DE</b> Zip <b>19810</b> Country <b>New Castle</b>	3. Mailing Address <b>3505 Silverside Road</b> Suite, Apt. #, etc. <b>206 Plaza Centre Building</b> City & State <b>Wilmington, DE</b> Zip <b>19810</b> Country <b>New Castle</b>
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4. FEI Number <b>51-0352589</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent****CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324****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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees****11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CPD ROTHMAN, ROBERT 100 N TAMPA ST #3675 TAMPA FL 33602</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVPD PETER R PORRINO ONE LANDMARK SQUARE STAMFORD CT 06901</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVP BEALE, CHARLES L 100 N. TAMPA ST., SUITE 3675 TAMPA FL 33602</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPS VOSS, DEANNA 3411 SILVERSIDE RD 100 HAGLEY BLDG WILMINGTON DE 19810</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP SCAGLIONE, LEONARD 1245 DEER VALLEY DRIVE, SUITE 3B PARK CITY VT 84060</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVPT JOHN R GARTHWAITE 100 N. TAMPA ST., SUITE 3675 TAMPA FL 33602</b> <input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVP/D Kim P. Buchanan 100 N. Tampa Street, Suite 3675 Tampa, FL 33602</b> <input type="checkbox"/> Change <input checked="" 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3505 Silverside Rd., 206 Plaza Centre Bldg. Wilmington, DE 19810</b>
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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Deanna Voss

Date

Daytime Phone #

1/4/01 302-479-4650

CR2E034 (10/00)