

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003300

1. Entity Name

**RICHMOND FINANCIAL CORPORATION**

Black Diamond Capital Corporation

Principal Place of Business

Mailing Address

1415 FOULK ROAD, SUITE 205  
WILMINGTON DE 19803

1415 FOULK ROAD, SUITE 205  
WILMINGTON DE 19810

2. Principal Place of Business

3411 Silverside Road

3. Mailing Address

3411 Silverside Road

Suite, Apt. #, etc.

100 Hagley Building

Suite, Apt. #, etc.

100 Hagley Building

City & State

Wilmington, DE

City & State

Wilmington, DE

Zip

19810

Country

New Castle

Zip

19810

Country

New Castle

6. Name and Address of Current Registered Agent

C T 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, 2000 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	CP	<input type="checkbox"/> Delete
NAME	ROTHMAN, ROBERT	
STREET ADDRESS	100 NORTH TAMPA STREET, SUITE 3675	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	VC	<input type="checkbox"/> Delete
NAME	GIBBS, THOMAS E	
STREET ADDRESS	50 NORTH LAURA STREET, SUITE 2800	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	BUCHANAN, KIM P	
STREET ADDRESS	100 NORTH TAMPA STREET SUITE 3675	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	S	<input type="checkbox"/> Delete
NAME	VOSS, DEANNA	
STREET ADDRESS	1415 FOULK ROAD, SUITE 205	
CITY-ST-ZIP	WILMINGTON DE 19803	
TITLE	T	<input type="checkbox"/> Delete
NAME	GARTHWAITE, JOHN R	
STREET ADDRESS	100 NORTH TAMPA STREET, SUITE 3675	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C/P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V/C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3411 Silverside Road, 100 Hagley Building	
CITY-ST-ZIP	Wilmington, DE 19810	
TITLE	V/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Deanna Voss*

Deanna Voss

2/1/00

302/479-4650

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Feb 29, 2000 8:00 am**  
**Secretary of State**

02-29-2000 90099 013 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3580205

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

CR2E034 (9/99)