

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90998 016 ***158.75

DOCUMENT # F99000004714

1. Entity Name
RICHLAND MINERALS, INC.

Principal Place of Business
4830 WEST KENNEDY BLVD., SUITE 740
TAMPA FL 33609

Mailing Address
4830 WEST KENNEDY BLVD., SUITE 740
TAMPA FL 33609

C0059472



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4890 W. Kennedy Boulevard

3. Mailing Address
4890 W. Kennedy Boulevard

Suite, Apt. #, etc.
Suite #850

Suite, Apt. #, etc.
Suite #850

City & State
Tampa, Florida

City & State
Tampa, Florida

4. FEI Number **59-3388758**

Applied For
 Not Applicable

Zip **33609-1863** Country **USA**

Zip **33609-1863** Country **USA**

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

ROSS, SAMUEL K
4830 WEST KENNEDY BLVD., SUITE 740
TAMPA FL 33609

Name

Street Address (P.O. Box Number is Not Acceptable)
4890 W. Kennedy Boulevard

Suite #850

City

Tampa

FL

Zip Code
33609-1863

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
 NAME **BRAY, JACK M H**
 STREET ADDRESS **4830 WEST KENNEDY BLVD., SUITE 740**
 CITY-ST-ZIP **TAMPA FL 33609**

TITLE **P/D** ☒ Change ☐ Addition
 NAME **BRAY, JACK H.**
 STREET ADDRESS **4890 W. Kennedy Blvd., #850**
 CITY-ST-ZIP **Tampa, Florida 33609-1863**

TITLE **VS** ☐ Delete
 NAME **ROSS, SAMUEL K**
 STREET ADDRESS **4830 WEST KENNEDY BLVD., SUITE 740**
 CITY-ST-ZIP **TAMPA FL 33609**

TITLE **V/S** ☒ Change ☐ Addition
 NAME **ROSS, SAMUEL K**
 STREET ADDRESS **4890 W. Kennedy Blvd., #850**
 CITY-ST-ZIP **Tampa, Florida 33609-1863**

TITLE **VAS** ☐ Delete
 NAME **GREEN, DANIEL B**
 STREET ADDRESS **4830 WEST KENNEDY BLVD., SUITE 740**
 CITY-ST-ZIP **TAMPA FL 33609**

TITLE **V** ☒ Change ☐ Addition
 NAME **GREEN, DANIEL B**
 STREET ADDRESS **4890 W. Kennedy Blvd., #850**
 CITY-ST-ZIP **Tampa, Florida 33609-1863**

TITLE **VAT** ☐ Delete
 NAME **WEST, DALE A**
 STREET ADDRESS **4830 WEST KENNEDY BLVD., SUITE 740**
 CITY-ST-ZIP **TAMPA FL 33609**

TITLE **V/T** ☒ Change ☐ Addition
 NAME **WEST, DALE A**
 STREET ADDRESS **4890 W. Kennedy Blvd., #850**
 CITY-ST-ZIP **Tampa, Florida 33609-1863**

TITLE **V** ☒ Delete
 NAME **WILKINSON, J. CURT**
 STREET ADDRESS **4830 WEST KENNEDY BLVD., SUITE 740**
 CITY-ST-ZIP **TAMPA FL 33609**

TITLE **V** ☐ Change ☐ Addition
 NAME **WILKINSON, J. CURT**
 STREET ADDRESS **4890 W. Kennedy Blvd., #850**
 CITY-ST-ZIP **Tampa, Florida 33609-1863**

TITLE **V** ☐ Delete
 NAME **SCHAFER, JOHN**
 STREET ADDRESS **4830 W KENNEDY BLVD STE 740**
 CITY-ST-ZIP **TAMPA FL 33609**

TITLE **V** ☒ Change ☐ Addition
 NAME **SCHAFER, JOHN**
 STREET ADDRESS **3 IMPERIAL PROMENADE, SUITE 150**
 CITY-ST-ZIP **SANTA ANA, CA 92707**

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

Samuel K. Ross

4-25-2001

Date

813.284.4140

Daytime Phone #

CR2E034 (10/00)