

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-28-2003 91465 021 ***158.75

DOCUMENT # F99000004714

1. Entity Name
RICHLAND MINERALS, 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

3. Mailing Address

4890 West Kennedy Blvd.

4890 West Kennedy Blvd.

Suite 920

Suite 920

Tampa, FL 33609-1863

Tampa, FL 33609-1863

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3388758**

Applied For
Not Applicable

Zip **USA**

Zip **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

**F&L CORP.
THE GREENLEAF BUILDING
200 LAURA STREET
JACKSONVILLE FL 32202-3510**

Name **F&L CORP.**
Street Address **THE GREENLEAF BUILDING
200 LAURA STREET, 3RD FLOOR
JACKSONVILLE, FL 32202-3510**
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 _____ (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 **PD** ☐ Delete
NAME **BRAY, JACK H**
STREET ADDRESS **4890 W KENNEDY BLVD, STE 850**
CITY-ST-ZIP **TAMPA FL 33609-1863**

TITLE **PD** ☒ Change ☐ Addition
NAME **John H. Bray**
STREET ADDRESS **4890 W. Kennedy Blvd., Ste. 920**
CITY-ST-ZIP **Tampa, FL 33609-1863**

TITLE **VS** ☒ Delete
NAME **ROSS, SAMUEL K**
STREET ADDRESS **4890 W KENNEDY BLVD, STE 850**
CITY-ST-ZIP **TAMPA FL 33609-1863**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☒ Delete
NAME **GREEN, DANIEL B**
STREET ADDRESS **4890 W KENNEDY BLVD, STE 850**
CITY-ST-ZIP **TAMPA FL 33609-1863**

TITLE **Vice President/Secretary** ☐ Change ☒ Addition
NAME **Matthew J. Bray**
STREET ADDRESS **4890 W. Kennedy Blvd, Ste. 920**
CITY-ST-ZIP **Tampa, FL 33609-1863**

TITLE **VT** ☐ Delete
NAME **WEST, DALE A**
STREET ADDRESS **4890 W KENNEDY BLVD, STE 850**
CITY-ST-ZIP **TAMPA FL 33609-1863**

TITLE **PD VT** ☒ Change ☐ Addition
NAME **Dale A. West**
STREET ADDRESS **4890 W. Kennedy Blvd., Ste. 920**
CITY-ST-ZIP **Tampa, FL 33609-1863**

TITLE **V** ☐ Delete
NAME **LAMAR, JAMES N**
STREET ADDRESS **4890 W KENNEDY BLVD, STE 850**
CITY-ST-ZIP **TAMPA FL 33609-1863**

TITLE **V** ☒ Change ☐ Addition
NAME **James N. Lamar**
STREET ADDRESS **4890 W. Kennedy Blvd., Ste. 920**
CITY-ST-ZIP **Tampa, FL 33609-1863**

TITLE **V** ☐ Delete
NAME **SCHAFER, JOHN**
STREET ADDRESS **3 IMPERIAL PROMENADE, STE 150**
CITY-ST-ZIP **SANTA ANA CA 92707**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *John H. Bray* **VP** **4-24-03** **(813) 286-4140**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)