

# 2001 UNIFORM BUSINESS REPORT (UBR)

0012 32 AF

DOCUMENT # L00000008360

1. Entity Name  
RICHLAND DEVELOPMENT LLC

FILED

01 MAY -1 PM 5:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
721 S.E. 17 STREET, SUITE 200  
FORT LAUDERDALE FL 33316

Mailing Address  
721 S.E. 17 STREET, SUITE 200  
FORT LAUDERDALE FL 33316



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1024112

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAMOTHE, FERNAND  
721 S.E. 17 STREET, SUITE 200  
FORT LAUDERDALE FL 33316

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.

(NOT Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR  
NAME LETOURNEAU, RICHARD  
STREET ADDRESS 1147 RUE CHATEAUNEUF  
CITY-ST-ZIP L'ACADIE, QC CANADA J2Y -1A4 ☐ Delete

TITLE  
NAME 100004273171-0 ☐ Change ☐ Addition  
STREET ADDRESS -05/21/01--01078--017  
CITY-ST-ZIP \*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

23-04-2001

CR2E083 (11/00)