

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000008980

1. Entity Name

RICHLAND TOWERS - INDIANAPOLIS, LLC



FILED
03 APR 30 AM 10: 59
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

4890 W. KENNEDY BLVD., SUITE 850
TAMPA FL 33609

Mailing Address

4890 W. KENNEDY BLVD., SUITE 850
TAMPA FL 33609

2. Principal Place of Business

4890 West Kennedy Blvd.
Suite 920
Tampa, FL 33609-1863

3. Mailing Address

4890 West Kennedy Blvd.
Suite 920
Tampa, FL 33609-1863



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3700407

Applied For

Not Applicable

Zip

Country

US

Zip

Country

US

5. Certificate of Status Desired

☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEST, DALE A
4890 W. KENNEDY BLVD., SUITE 850
TAMPA FL 33609

7. Name and Address of New Registered Agent

Name F&L CORP.
Street Address (For F&L Number, Not for Capital)
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 the obligations of registered agent.

F&L Corp

red agent, or both, in the State of Florida. I am familiar with, and accept

By: R.J. Wolfe, V.P. 4/28/03

SIGNATURE

RJ Wolfe

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME RICHLAND TOWERS-BROADCAST, INC.
STREET ADDRESS 4890 W KENNEDY BLVD., #850
CITY-ST-ZIP TAMPA FL 33609-1863 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGR
NAME RICHLAND TOWERS-BROADCAST, INC.
STREET ADDRESS 4890 W. KENNEDY BLVD. STE. 920
CITY-ST-ZIP TAMPA, FL 33609-1863 ☒ Change ☐ Addition

TITLE
NAME 200017591802
STREET ADDRESS 04/30/03--01087--004 **\$5.00
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

RJ Wolfe REQUIRED VP of Mgr

4-25-03

(813) 281-4140

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

Date

Daytime Phone #

CR2E083 (10/02)