

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 92178 033 \*\*\*\*55.00

**DOCUMENT # L01000004968**

1. Entity Name

**RICHLAND TOWERS-PEORIA, LLC**



Principal Place of Business

**4890 W. KENNEDY BLVD., STE. 850  
TAMPA FL 33609**

Mailing Address

**4890 W. KENNEDY BLVD., STE. 850  
TAMPA FL 33609**

2. Principal Place of Business

**4890 West Kennedy Blvd.  
Suite 920**

3. Mailing Address

**4890 West Kennedy Blvd.  
Suite 920**

**Tampa, FL 33609-1863**

**Tampa, FL 33609-1863**

Zip

Country

Zip

Country

4. FEI Number

**59-3700407**

Applied For

Not Applicable

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., STE. 850  
TAMPA FL 33609**

7. Name and Address of New Registered Agent

Name  
**F&L CORP.**

Street  
**THE ORCHARD 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 the obligations of registered agent.

F&L Corp

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

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

SIGNATURE

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

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGR  
RICHLAND TOWERS-BROADCAST, INC.  
4890 W. KENNEDY BLVD. STE 850  
TAMPA FL 33609**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGR  
RICHLAND TOWERS-BROADCAST, INC.  
4890 W. KENNEDY BLVD. STE. 920  
TAMPA, FL 33609-1863**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 #

CR2E083 (10/02)