

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90096 035 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # L10907

Entity Name

THE RICHLANDER GROUP, INC.

Principal Place of Business Mailing Address
 WALSHINGHAM RD. P.O. BOX 1530
 FL 33774 LARGO FL 33779-1530
 US

Principal Place of Business 3. Mailing Address
 107 - 13th Avenue Suite, Apt. #, etc.
 Suite, Apt. #, etc.

City & State Indian Rocks Beach, FL City & State

Zip 33785 Country Zip Country

4. FEI Number 59-2966109 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 GOTTSCHAMER, WILLIAM J.
 13300 INDIAN ROCKS RD. #1403
 LARGO FL 33774

7. Name and Address of New Registered Agent
 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 (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, 2000 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
 TITLE PD
 NAME GOTTSCHAMER, WILLIAM J.
 STREET ADDRESS 13300 INDIAN ROCKS RD., #805
 CITY-ST-ZIP LARGO FL
 TITLE STD
 NAME GOTTSCHAMER, NANCY M
 STREET ADDRESS 13300 INDIAN ROCKS RD.
 CITY-ST-ZIP LARGO FL 33774
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
 TITLE
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 STREET ADDRESS
 CITY-ST-ZIP
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 CITY-ST-ZIP

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] DATE: 4/28/2000 DAYTIME PHONE: 727/596-6070

CR2E034 (9/99)