

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90236 048 \*\*\*150.00

**DOCUMENT # L10907**

1. Entity Name

THE RICHLANDER GROUP, INC.

Principal Place of Business

107 13TH AVENUE  
 INDIAN ROCKS BEACH FL 33785  
 US

Mailing Address

P.O. BOX 1530  
 LARGO FL 33779  
 US

2. Principal Place of Business

12700 WALSINGHAM RD

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

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 \_\_\_\_\_ (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, 2002 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GOTTSCHAMER, WILLIAM J.		NAME		
STREET ADDRESS	13300 INDIAN ROCKS RD., #1403		STREET ADDRESS		
CITY-ST-ZIP	LARGO FL		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GOTTSCHAMER, NANCY M		NAME		
STREET ADDRESS	13300 INDIAN ROCKS RD., #1403		STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 33774		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 persons empowered.

SIGNATURE: **WILLIAM J. GOTTSCHAMER, PRES** Date: 3/26/02 Daytime Phone #: 727/596-6070

CR2E034 (9/01)