


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90987 013 \*\*\*158.75

**DOCUMENT # L59963**

1. Entity Name  
**RICHLAND RESOURCES, INC.**



Principal Place of Business  
**4890 W. KENNEDY BOULEVARD  
SUITE #850  
TAMPA FL 33609-1863  
US**

Mailing Address  
**4890 W. KENNEDY BOULEVARD  
SUITE #850  
TAMPA FL 33609-1863  
US.**



2. Principal Place of Business  
**4890 West Kennedy Blvd.  
Suite, Apt. #, etc.  
Suite 920  
Tampa, FL 33609-1863**

3. Mailing Address  
**4890 West Kennedy Blvd.  
Suite, Apt. #, etc.  
Suite 920  
Tampa, FL 33609-1863**

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3001254** Applied For  Not Applicable

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

Zip **USA** Country **USA**

6. Name and Address of Current Registered Agent  
**BRAY, JACK H.  
4890 W. KENNEDY BOULEVARD  
SUITE #850  
TAMPA FL 33609-1863**

7. Name and Address of New Registered Agent  
Name **F&L CORP.**  
Street Address **THE GREENLEAF 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 changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *RJW* **F&L Corp**  
By: R.J. Wolfe, V.P. 4/28/03

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>BRAY, JACK H<br>4890 W. KENNEDY BLVD., #850<br>TAMPA FL 33609-1863   | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VS<br>ROSS, SAMUEL K<br>4890 W. KENNEDY BLVD., #850<br>TAMPA FL 33609-1863 | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>GREEN, DANIEL B<br>4890 W. KENNEDY BLVD., #850<br>TAMPA FL 33609-1863 | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VT<br>WEST, DALE A<br>4890 W. KENNEDY BLVD., #850<br>TAMPA FL 33609-1863   | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>LAMAR, JAMES N<br>4890 W. KENNEDY BLVD. STE 850<br>TAMPA FL 33609     | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | A<br>LEMONS, DAWN M<br>4890 W. KENNEDY BLVD. STE 850<br>TAMPA FL 33609     | <input type="checkbox"/> Delete            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>John H. Bray<br>4890 W. Kennedy Blvd., Ste. 920<br>Tampa, FL 33609-1863                                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Vice President/Secretary<br>Matthew J. Bray<br>4890 W. Kennedy Blvd, Ste. 920<br>Tampa, FL 33609-1863         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VT<br>Dale A. West<br>4890 W. Kennedy Blvd., Ste. 920<br>Tampa, FL 33609-1863                                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>James N. Lamar<br>4890 W. Kennedy Blvd., Ste. 920<br>Tampa, FL 33609-1863                                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Assistant VP/Assistant Secretary<br>Dawn M. Lemons<br>4890 W. Kennedy Blvd., Ste. 920<br>Tampa, FL 33609-1863 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Dawn M. Lemons* **Asst VP** 4-25-03 (813) 864-1140

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)