

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N96000003294**

1. Entity Name

SOUTHCHASE NON-SINGLE FAMILY RESIDENTIAL PROPERT**FILED**
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90998 002 *****70.00

05-707

Principal Place of Business

Mailing Address

4830 WEST KENNEDY BOULEVARD
ONE URBAN CENTRE - SUITE 740
TAMPA FL 336094830 WEST KENNEDY BOULEVARD
ONE URBAN CENTRE - SUITE 740
TAMPA FL 33609

2. Principal Place of Business

3. Mailing Address

4890 W. Kennedy Boulevard

4890 W. Kennedy Boulevard

Suite, Apt. #, etc.
Suite #850Suite, Apt. #, etc.
Suite #850City & State
Tampa, FloridaCity & State
Tampa, Florida

Zip 33609-1863

Country USA

Zip 33609-1863

Country USA

4. FEI Number

59-3399169

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RICHLAND PROPERTIES, INC.
4830 WEST KENNEDY BOULEVARD
ONE URBAN CENTRE - SUITE 740
TAMPA FL 33609Name
Samuel K. Ross

Street Address (P.O. Box Number is Not Acceptable)

4890 W. Kennedy Boulevard

Suite #850

City

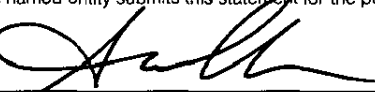
Tampa

FL

Zip Code
33609-1863

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



Samuel K. Ross

4-26-2001

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
D	WILKINSON, J C	4830 WEST KENNEDY BOULEVARD #740	TAMPA FL 33609	<input type="checkbox"/>	D/P		4890 W. Kennedy Blvd., #850	Tampa, Florida 33609-1863	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	ROSS, SAMUEL K	4830 WEST KENNEDY BOULEVARD #740	TAMPA FL 33609	<input type="checkbox"/>	D/V/S		4890 W. Kennedy Blvd., #850	Tampa, Florida 33609-1863	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	WEST, DALE	4830 WEST KENNEDY BOULEVARD #740	TAMPA FL 33609	<input type="checkbox"/>	D/T		4890 W. Kennedy Blvd., #850	Tampa, Florida 33609-1863	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 617, 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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Samuel K. Ross

4-26-2001

Date

813-286-4140

Daytime Phone #

CR2E037 (10/00)