

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-28-2003 91465 015 \*\*\*158.75

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**DOCUMENT # P01000011040**

1. Entity Name

**RICHLAND TELECOM HOLDINGS, INC.**



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, 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 **59-3700316**

Applied For  
Not Applicable

Zip Country **USA**

Zip Country **USA**

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

6. Name and Address of Current Registered Agent

**F&L CORP.**  
**200 LAURA STREET NORTH, 3RD FLOOR**  
**JACKSONVILLE FL 32202**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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 **D** ☐ Delete  
NAME **BRAY, JACK H**  
STREET ADDRESS **4890 W KENNEDY BLVD, STE 850**  
CITY-ST-ZIP **TAMPA FL 33609**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

**JD** ☒ Change ☐ Addition  
NAME **John H. Bray**  
STREET ADDRESS **4890 W. Kennedy Blvd., Ste. 920**  
CITY-ST-ZIP **Tampa, FL 33609-1863**

**JB VT** ☒ Change ☒ Addition  
NAME **Dale A. West**  
STREET ADDRESS **4890 W. Kennedy Blvd., Ste. 920**  
CITY-ST-ZIP **Tampa, FL 33609-1863**

☐ Change ☒ Addition  
NAME **Vice President/Secretary**  
STREET ADDRESS **Matthew J. Bray**  
CITY-ST-ZIP **4890 W. Kennedy Blvd, Ste. 920**  
**Tampa, FL 33609-1863**

☐ Change ☒ Addition  
NAME **V**  
STREET ADDRESS **James N. Lamar**  
CITY-ST-ZIP **4890 W. Kennedy Blvd., Ste. 920**  
**Tampa, FL 33609-1863**

☐ Change ☒ Addition  
NAME **VC**  
STREET ADDRESS **J. Curt Wilkinson**  
CITY-ST-ZIP **4890 W. Kennedy Blvd., Ste. 920**  
**Tampa, FL 33609-1863**

☐ Change ☒ Addition  
NAME **Assistant VP/Assistant Secretary**  
STREET ADDRESS **Dawn M. Lemons**  
CITY-ST-ZIP **4890 W. Kennedy Blvd., Ste. 920**  
**Tampa, FL 33609-1863**

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:

*John H. Bray*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**424-03 (813)286-4140**  
Date Daytime Phone #

CR2E034 (10/02)