

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90043 010 \*\*\*158.75

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P94000028083**

1. Corporation Name

**RICHLAND RANCHO VISTA, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**4830 WEST KENNEDY BLVD.  
SUITE 740 - ONE URBAN CENTER  
TAMPA FL 33609**

Mailing Address  
**4830 WEST KENNEDY BLVD.  
SUITE 740 - ONE URBAN CENTER  
TAMPA FL 33609**

3. Date Incorporated or Qualified

**04/12/1994**

4. FEI Number

**59-3240377**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROSS, SAMUEL K  
4830 W. KENNEDY BLVD.  
SUITE 740  
TAMPA FL 33609**

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☐ DELETE  
NAME **BRAY JACK H.**  
STREET ADDRESS **4830 W. KENNEDY BLVD SUITE 740**  
CITY-ST-ZIP **TAMPA FL**

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **VS** ☐ DELETE  
NAME **ROSS, SAMUEL K**  
STREET ADDRESS **4830 W KENNEDY BLVD, SUITE 740**  
CITY-ST-ZIP **TAMPA FL**

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **VAS** ☐ DELETE  
NAME **GREEN, DANIEL B**  
STREET ADDRESS **4830 W KENNEDY BLVD., SUITE 740**  
CITY-ST-ZIP **TAMPA FL**

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **V** ☐ DELETE  
NAME **WEST, DALE A**  
STREET ADDRESS **4830 W. KENNEDY BLVD., SUITE 740**  
CITY-ST-ZIP **TAMPA FL**

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **V** ☐ DELETE  
NAME **SCHAFER, JOHN H**  
STREET ADDRESS **3 IMPERIAL PROMENADE STE 150**  
CITY-ST-ZIP **SANTA ANA CA 92707**

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **V** ☐ DELETE  
NAME **THURTL, STEPHEN**  
STREET ADDRESS **2240 DOUGLAS BLVD STE 120**  
CITY-ST-ZIP **ROSEVILLE CA 95661**

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 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 4-15-99 (813) 286-4140**

Date

Daytime Phone #

CR2E034 (11/98)