

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000028083

1. Entity Name

RICHLAND RANCHO VISTA, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90024 001 ***158.75

Principal Place of Business

Mailing Address

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

4830 WEST KENNEDY BLVD.
 SUITE 740 - ONE URBAN CENTER
 TAMPA FL 33609-2564

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3240377

Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

(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, 2000 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 DP ☐ Delete
 NAME BRAY JACK H.
 STREET ADDRESS 4830 W. KENNEDY BLVD SUITE 740
 CITY-ST-ZIP TAMPA FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE T ☐ Change ☒ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 like empowered.

SIGNATURE: *Dale A. West* **Dale A. West, Treasurer** 4/26/00 (813)286-4140
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)