

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90998 014 \*\*\*158.75

**DOCUMENT # P94000028083**

1. Entity Name  
**RICHLAND RANCHO VISTA, INC.**

Principal Place of Business <b>4830 WEST KENNEDY BLVD.          SUITE 740 - ONE URBAN CENTER          TAMPA FL 33609</b>	Mailing Address <b>4830 WEST KENNEDY BLVD.          SUITE 740 - ONE URBAN CENTER          TAMPA FL 33609</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>4890 W. Kennedy Boulevard</b>	3. Mailing Address <b>4890 W. Kennedy Boulevard</b>
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Suite, Apt. #, etc. <b>Suite #850</b>	Suite, Apt. #, etc. <b>Suite #850</b>
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City & State <b>Tampa, Florida</b>	City & State <b>Tampa, Florida</b>
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Zip <b>33609-1863</b>	Country <b>USA</b>	Zip <b>33609-1863</b>	Country <b>USA</b>
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4. FEI Number <b>59-3240377</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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**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)	<b>4890 W. Kennedy Boulevard</b>
	<b>Suite #850</b>
City	<b>Tampa FL</b> Zip Code <b>33609-1863</b>

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 \_\_\_\_\_ (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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>DP BRAY JACK H. 4830 W. KENNEDY BLVD SUITE 740 TAMPA FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS ROSS, SAMUEL K 4830 W KENNEDY BLVD, SUITE 740 TAMPA FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VAS GREEN, DANIEL B 4830 W KENNEDY BLVD., SUITE 740 TAMPA FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V WEST, DALE A 4830 W. KENNEDY BLVD., SUITE 740 TAMPA FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V SCHAFFER, JOHN H 3 IMPERIAL PROMENADE STE 150 SANTA ANA CA 92707</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V THURTL, STEPHEN 2240 DOUGLAS BLVD STE 120 ROSEVILLE CA 95661</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/O 4890 W. Kennedy Blvd., #850 Tampa, Florida 33609-1863</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/S 4890 W. Kennedy Blvd., #850 Tampa, Florida 33609-1863</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V 4890 W. Kennedy Blvd., #850 Tampa, Florida 33609-1863</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/T 4890 W. Kennedy Blvd., #850 Tampa, Florida 33609-1863</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2220 DOUGLAS BLVD., SUITE 290</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: Samuel K. Ross Date: 4-25-2001 Daytime Phone #: 813-286-4140

CR2E034 (10/00)