

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000028085

1. Entity Name  
RICHLAND GOLF, INC.

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

05-03-2001 90998 020 \*\*\*158.75

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

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

LUUJ3468



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
4890 W. Kennedy Boulevard

3. Mailing Address  
4890 W. Kennedy Boulevard

Suite, Apt. #, etc.  
Suite #850

Suite, Apt. #, etc.  
Suite #850

City & State  
Tampa, Florida

City & State  
Tampa, Florida

4. FEI Number 59-3243283

Applied For  
Not Applicable

Zip 33609-1863 Country USA

Zip 33609-1863 Country USA

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

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

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

TITLE P/D  
NAME  
STREET ADDRESS 4890 W. Kennedy Blvd., #850  
CITY-ST-ZIP Tampa, Florida 33609-1863 ☒ Change ☐ Addition

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

TITLE V/S  
NAME  
STREET ADDRESS 4890 W. Kennedy Blvd., #850  
CITY-ST-ZIP Tampa, Florida 33609-1863 ☒ Change ☐ Addition

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

TITLE V  
NAME  
STREET ADDRESS 4890 W. Kennedy Blvd., #850  
CITY-ST-ZIP Tampa, Florida 33609-1863 ☒ Change ☐ Addition

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

TITLE V/T  
NAME  
STREET ADDRESS 4890 W. Kennedy Blvd., #850  
CITY-ST-ZIP Tampa, Florida 33609-1863 ☒ Change ☐ Addition

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

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

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

TITLE  
NAME  
STREET ADDRESS 2220 DOUGLAS BLVD., SUITE 240  
CITY-ST-ZIP ☒ Change ☐ 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Samuel K. Ross

4-25-2001

Date

813-286-4140

Daytime Phone #

CR2E034 (10/00)