

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-28-2003 90987 017 \*\*\*158.75

**DOCUMENT # P94000029580**

1. Entity Name  
**RICHLAND TEMECULA, 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**

3. Mailing Address  
**4890 West Kennedy Blvd.  
Suite, Apt., etc.  
Suite 920**

**Tampa, FL 33609-1863**

**Tampa, FL 33609-1863**

4. FEI Number **59-3240471**

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**

**BRAY, JOHN H  
4890 W KENNEDY BLVD  
STE 850  
TAMPA FL 33609**

**7. Name and Address of New Registered Agent**

Name  
**F&L CORP**  
Street Address (P.O. Box Number is Not Acceptable)  
**THE GREENLEAF BUILDING  
200 LAURA STREET, 3RD FLOOR  
JACKSONVILLE, FL 32202-3510**  
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of char- gent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

**F&L Corp  
By: R.J. Wolfe, V.P. 4/28/03**

SIGNATURE *RJ Wolfe* (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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRAY JACK H. 4890 W KENNEDY BLVD 850 TAMPA FL 33609	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ROSS, SAMUEL K 4890 W KENNEDY BLVD 850 TAMPA FL 33609	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GREEN, DANIEL B. 4890 W KENNEDY BLVD 850 TAMPA FL 33609	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT WEST, DALE A. 4890 W KENNEDY BLVD 850 TAMPA FL 33609	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHAFFER, JOHN H. 3 IMPERIAL PROMENADE STE 150 SANTA ANA CA 92707	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V THURTELL, STEPHEN 2220 DOUGLAS BLVD STE 290 ROSEVILLE CA 95661	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD John H. Bray 4890 W. Kennedy Blvd., Ste. 920 Tampa, FL 33609-1863	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President/Secretary Matthew J. Bray 4890 W. Kennedy Blvd, Ste. 920 Tampa, FL 33609-1863	<input type="checkbox"/> Change <input checked="" 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	PD VT Dale A. West 4890 W. Kennedy Blvd., Ste. 920 Tampa, FL 33609-1863	<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		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 filing empowered.

SIGNATURE: *Signature of Matthew J. Bray* **Matthew J. Bray** **Asst VP** **4-25-03** **(83) 286-4140**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)