

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S32118

1. Entity Name

RICHLAND MANAGEMENT, INC.

Principal Place of Business

4830 W KENNEDY BLVD
SUITE 740
TAMPA FL 33609-2552

Mailing Address

4830 W KENNEDY BLVD
SUITE 740
TAMPA FL 33609-2552

2. Principal Place of Business

3. Mailing Address

4890 W. Kennedy Boulevard
Suite, Apt. #, etc.
Suite #850

4890 W. Kennedy Boulevard
Suite, Apt. #, etc.
Suite #850

City & State Tampa, Florida

City & State Tampa, Florida

Zip 33609-1863 Country USA

Zip 33609-1863 Country USA

4. FEI Number 65-0242971

Applied For
Not Applicable

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

BRAY, JACK H
4830 W KENNEDY BLVD
SUITE 740
TAMPA FL 33602

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	P	☐ Delete
NAME	BRAY, JACK H.	
STREET ADDRESS	4830 W KENNEDY BLVD #740	
CITY-ST-ZIP	TAMPA FL	
TITLE	VS	☐ Delete
NAME	ROSS, SAMUEL K.	
STREET ADDRESS	4830 W. KENNEDY BLVD	
CITY-ST-ZIP	TAMPA FL	
TITLE	VAS	☐ Delete
NAME	GREEN, DANIEL B.	
STREET ADDRESS	4830 W. KENNEDY BLVD.	
CITY-ST-ZIP	TAMPA FL	
TITLE	V	☐ Delete
NAME	WEST, DALE A.	
STREET ADDRESS	4830 W KENNEDY BLVD., SUITE 740	
CITY-ST-ZIP	TAMPA FL	
TITLE	V	☐ Delete
NAME	WILKINSON, J. CURT	
STREET ADDRESS	4830 W KENNEDY BLVD, STE 740	
CITY-ST-ZIP	TAMPA FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Samuel K. Ross

4-25-2001

Date

813-286-4140

Daytime Phone #

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

05-03-2001 90998 017 ***158.75

C0059471



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)