

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 APR 30 PM 6:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M00000001008

1. Entity Name  
D&M DEVELOPMENT I, LLC

Principal Place of Business: 15438 NORTH FLORIDA AVENUE, SUITE 102 200 TAMPA FL 33613  
Mailing Address: 15438 NORTH FLORIDA AVENUE, SUITE 102 TAMPA FL 33613



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc.  
City & State: YUNGSBOWN, FL 33613  
Zip: 44512 Country: USA

3. Mailing Address: 200 E. CALIFORNIA AVENUE  
Suite, Apt. #, etc.: SUITE 2  
City & State: YUNGSBOWN, FL 33613  
Zip: 44512 Country: USA

4. FEI Number: 59-3650529 Applied For: Not Applicable  
5. Certificate of Status Desired:  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name: \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
City: \_\_\_\_\_ State: 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS	
TITLE: MGR AND MEMBER NAME: MURANSKY, EDWARD W STREET ADDRESS: 15438 NORTH FLORIDA AVENUE, SUITE 102 200 CITY-ST-ZIP: TAMPA FL 33613	<input type="checkbox"/> Delete
TITLE: MGR MEMBER NAME: DEBARTOLO, EDWARD J JR. STREET ADDRESS: 15438 NORTH FLORIDA AVENUE, SUITE 102 200 CITY-ST-ZIP: TAMPA FL 33613	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: 200004219252-4 STREET ADDRESS: -05/16/01--01023--001 CITY-ST-ZIP: *****55-00 *****55-00	<input 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
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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [Signature] DATE: 4/25/01 DAYTIME PHONE #: 330-629-8232

CR2E083 (11/00)