

2001 UNIFORM BUSINESS REPORT (UBR)

0018835 AB

DOCUMENT # A06593

1. Entity Name

DEVELOPERS DIVERSIFIED, LTD

Principal Place of Business

34555 CHAGRIN BOULEVARD
MORELAND HILLS OH 44022

Mailing Address

34555 CHAGRIN BOULEVARD
MORELAND HILLS OH 44022

2. Principal Place of Business

3. Mailing Address

34555 Chagrin Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Moreland Hills OH

Zip

Country

Zip

44022

Country

US

4. FEI Number

34-1154906

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

C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$950.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
WOLSTEIN, BERT L
34555 CHAGRIN BLVD.
MORELAND OH

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

3/15/01

4140-
247-1711

CR2E003 (11/00)

FILED

01 MAR 21 PM 12:57

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE