

2001 UNIFORM BUSINESS REPORT (UBR)

0012281 AF

DOCUMENT # **A95000000732**

1. Entity Name

DUNNELLON PLAZA LIMITED PARTNERSHIP

FILED

01 MAR 20 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**C/O EDWARD J. SCHACK
1320 S. DIXIE HIGHWAY, SUITE 1100
CORAL GABLES FL 33146**

Mailing Address

**P.O. BOX 2495
OCALA FL 34478**

2. Principal Place of Business

1320 S.E. 25th Loop

3. Mailing Address

Suite, Apt. #, etc.

Suite 101

City & State
Ocala, FL

City & State

4. FEI Number

65-0582921

Applied For

Not Applicable

Zip
34471

Country
USA

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SCHACK, MICHAEL
3181 W. 34TH STREET
HOLLYWOOD FL 33302**

7. Name and Address of New Registered Agent

Name

James E. Day

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

1320 S.E. 25th Loop

Suite 101

City
Ocala

FL

Zip Code **34471**

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

James E. Day

James E. Day

3/8/01

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.

\$402,000.00

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

DOCUMENT # **P95000036877**
NAME **DUNNELLON PLAZA MANAGEMENT, INC.**
STREET ADDRESS **U.S. HIGHWAY 41 & S.W. 106TH LANE**
CITY-ST-ZIP **DUNNELLON FL**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

200003910332--8

STREET ADDRESS

CITY-ST-ZIP

-03/26/01--01138--011

******526.25 ****526.25**

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

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:

James E. Day
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3-16-01

Date

Daytime Phone #

CR2E003 (11/00)