

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000000732**

1. Entity Name

DUNNELLON PLAZA LIMITED PARTNERSHIP

Principal Place of Business

**1320 S.E. 25TH LOOP, SUITE 101
OCALA FL 34471**

Mailing Address

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

FILED

02 APR -9 PM 3:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

65-0582921

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

JAMES E. DAY

**1320 S.E. 25TH LOOP, SUITE 101
OCALA FL 34471**

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.

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P95000038877**
NAME **DUNNELLON PLAZA MANAGEMENT, INC.**
STREET ADDRESS **U.S. HIGHWAY 41 & S.W. 106TH LANE**
CITY-ST-ZIP **DUNNELLON FL**

STREET ADDRESS

CITY-ST-ZIP

200005258722--5

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

-04/12/02--01104--007

*******88.75 *****88.75**

DOCUMENT #
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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 820, Florida Statutes

SIGNATURE: **X**

Signature of Michael Schack
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/25/02

352/369-9881

Date

Daytime Phone #

CR2E003 (9/01)