

2003 LIMITED PARTNERSHIP 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

2003 MAR -5 AM 11:18

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



2. Principal Place of Business
2605 SW 33rd Street

3. Mailing Address

Suite, Apt. #, etc.
Bldg. #200

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State
Ocala, FL

City & State

4. FEI Number 65-0582921

Applied For

Not Applicable

Zip
34474

Country
USA

Zip

Country

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)
2605 S.W. 33rd Ave.
Bldg. #200
City
Ocala FL Zip Code
34474

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

2/6/04

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 FL. 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 # P95000036677
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

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
Michael Schack

2/13/03

352/369-9881

Date

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE