

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000002425**

1. Entity Name

RISMAN STUART RETAIL LTD.

Principal Place of Business

**24500 CHAGRIN BLVD., STE 200
BEACHWOOD OH 44122**

Mailing Address

**24500 CHAGRIN BLVD., STE 200
BEACHWOOD OH 44122**

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3118 South West Federal

3. Mailing Address

Suite, Apt. #, etc. Highway

City & State

Stuart, Florida

City & State

Zip
34994

Country
Palm Beach

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

34-1848245

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RISMAN, ROBERT R
2730 SO. OCEAN DRIVE, SUITE 704
PALM BEACH FL 33480**

7. Name and Address of New Registered Agent

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.

February 28, 2002

DATE

9. Capital Contributions
as Shown on record.

\$7,500.00

10. Amount of Capital Contributions
in FLORIDA to date.

0

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 # **P96000102359**
NAME **RISMAN RETAIL CORP.**
STREET ADDRESS **24500 CHAGRIN BLVD., STE 200**
CITY-ST-ZIP **BEACHWOOD OH 44122**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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)(f), 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

William B. Risman, Trustee

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

February 28, 2002 (216) 464-5130

Date

Daytime Phone #

0019691 AB

CR2E003 (9/01)

STAPLE CHECK HERE