

2001 UNIFORM BUSINESS REPORT (UBR)

0018320 AF

DOCUMENT # **B96000000181**

1. Entity Name

TURNEY DUNHAM PLAZA PARTNERS LIMITED PARTNERSHIP

Principal Place of Business

**5277 STATE ROAD
PARMA OH 44134**

Mailing Address

**5277 STATE ROAD
PARMA OH 44134**

FILED

01 JAN 17 PM 12:13

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

34-1480470

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FREDERICK, MARK
737 HIGHWAY 98
DESTIN FL 32541**

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.

\$1,000.00

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 #
NAME **BASISTA, STANLEY J**
STREET ADDRESS **8151 DAVENTREE DRIVE**
CITY-ST-ZIP **BRECKSVILLE OH 44141**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME **BASISTA, THOMAS M**
STREET ADDRESS **23503 WINGED FOOD DRIVE**
CITY-ST-ZIP **WESTLAKE OH 44145**

STREET ADDRESS

CITY-ST-ZIP

300003576039-7
-01/26/01--01035--003
******141.25 ****141.25**

DOCUMENT #
NAME **DAVIS, F. GERARD**
STREET ADDRESS **6730 QUEENS WAY**
CITY-ST-ZIP **NORTH ROYALTON OH 44133**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME **BRENNER, R. CHAD**
STREET ADDRESS **9255 AMBER WOOD DRIVE**
CITY-ST-ZIP **KIRTLAND OH 44094**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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

STANLEY J. BASISTA

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

1/11/01

351-0220

CR2E003 (11/00)