

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 APR 30 PM 6:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M00000001008

1. Entity Name

D&M DEVELOPMENT I, LLC

Principal Place of Business

15438 NORTH FLORIDA AVENUE, SUITE 102 200
TAMPA FL 33613

Mailing Address

15438 NORTH FLORIDA AVENUE, SUITE 102
TAMPA FL 33613

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

200 E. CALIFORNIA AVENUE

SUITE 2

YOUNGSTOWN, OHIO

44512

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3650529

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.

(NOT: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE MGR AND MEMBER ☐ Delete
NAME MURANSKY, EDWARD W
STREET ADDRESS 15438 NORTH FLORIDA AVENUE, SUITE 102 200
CITY-ST-ZIP TAMPA FL 33613

TITLE MGR MEMBER ☐ Delete
NAME DEBARTOLO, EDWARD J JR.
STREET ADDRESS 15438 NORTH FLORIDA AVENUE, SUITE 102 200
CITY-ST-ZIP TAMPA FL 33613

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 200004219252-4
STREET ADDRESS -05/16/01--01023--001
CITY-ST-ZIP *****55-00 *****55-00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Edward J. DeBartolo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/25/01

330-629-8232

CR2E083 (11/00)