

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**  
 05-15-2002 90053 044 \*\*\*\*55.00

**DOCUMENT # M00000001008**

1. Entity Name  
**D&M DEVELOPMENT I, LLC**

Principal Place of Business  
**15438 NORTH FLORIDA AVENUE, SUITE 102  
 TAMPA FL 33613**

Mailing Address  
**200 E. CALIFORNIA AVENUE, SUITE 2  
 YOUNGSTOWN OH 44512**

**B0102656**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 Suite, Apt. #, etc.  
**15438 N. Florida Ave Suite 200**

3. Mailing Address  
 Suite, Apt. #, etc.  
**100 DeBartolo Place, Suite 310**

City & State  
**Tampa Florida**

City & State  
**Youngstown, Ohio**

4. FEI Number  
**59-3650529**

Applied For  
☐ Not Applicable

Zip  
**33613**

Country

Zip  
**44512**

Country

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00  
 Make Check Payable to Department of State  
 Due By May 1, 2002**

**9. MANAGING MEMBERS/MANAGERS**

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

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

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

**10. ADDITIONS/CHANGES**

TITLE NAME **MGRM** ☒ Change ☐ Addition  
**Muransky, Edward W.**  
 STREET ADDRESS **15438 N. Florida Ave., Suite 200**  
 CITY-ST-ZIP **Tampa, Florida 33613**

TITLE NAME **M** ☐ Change ☒ Addition  
**Melbourne, Peripheral Associates**  
 STREET ADDRESS **100 DeBartolo Place, Suite 310**  
 CITY-ST-ZIP **Youngstown, Ohio 44512**

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

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

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

TITLE NAME ☐ Change ☐ Addition  
 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:**

*[Signature]*

**REQUIRED**

**Gary A. Lockhart, CFO**

Date

**4/29/02**

**330-624-8232**

Daytime Phone #

CR2E083 (9/01)