

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # M00000001874**

1. Entity Name

ICE CREAM VENTURES, LLC**FILED**
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90257 018 ****55.00

Principal Place of Business

**15438 NORTH FLORIDA AVE.
SUITE 200
TAMPA FL 33613**

Mailing Address

**200 E. CALIFORNIA AVENUE, SUITE 2
YOUNGSTOWN OH 44512****B0102021**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

100 DeBartolo Place, Suite 310

City & State

City & State

Youngstown, Ohio

4. FEI Number

52-2257057

Applied For

Not Applicable

Zip

Country

Zip

Country

445125. Certificate of Status Desired ☒**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**MGR
MURANSKY, EDWARD W
15438 N FLORIDA AVENUE, SUITE 200
TAMPA FL 33613**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**M
DE BARTOLO, CYNTHIA
15438 N FLORIDA AVENUE, SUITE 200
TAMPA FL 33613**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**M
MURANSKY, CHRISTINE
15438 N FLORIDA AVENUE, SUITE 200
TAMPA FL 33613**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**M
Miami Peripheral Associates
100 DeBartolo Place, Suite 310
Youngstown, Ohio 44512**☐ Change☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change☐ Addition

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: *Gary A. Lockhart*

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

Gary A. Lockhart, CFO

Date

330-629-1232

Daytime Phone #

CR2E083 (9/01)