

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90231 040 \*\*\*\*55.00

**DOCUMENT # M01000001098**

1. Entity Name

**ICE CREAM VENTURES REALTY, LLC**

Principal Place of Business

**15438 NORTH FLORIDA AVE., STE. 200  
TAMPA FL 33613**

Mailing Address

**15438 NORTH FLORIDA AVE., STE. 200  
TAMPA FL 33613**

2. Principal Place of Business

3. Mailing Address

**100 DEBARTLO PLACE,**

Suite, Apt. #, etc.

**SUITE 310**

City & State

**YOUNGSTOWN, OHIO**

Zip

**44512**

Country

**USA**

City

**YOUNGSTOWN**

State

**OHIO**

Zip

**44512**

Country

**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-3717417**

Applied For

Not Applicable

5. 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 **MANAGING MEMBER** ☐ Delete  
NAME **EDWARD W. MURANSKY**  
STREET ADDRESS **15438 NORTH FLORIDA AVE., SUITE 200**  
CITY-ST-ZIP **TAMPA, FLORIDA 33613**

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

TITLE **MEMBER** ☐ Delete  
NAME **EDWARD J. DEBARTLO, JR.**  
STREET ADDRESS **15438 NORTH FLORIDA AVE., SUITE 200**  
CITY-ST-ZIP **TAMPA, FLORIDA 33613**

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

TITLE **MEMBER** ☐ Delete  
NAME **NID CORPORATION**  
STREET ADDRESS **100 DEBARTLO PLACE, SUITE 310**  
CITY-ST-ZIP **YOUNGSTOWN, OHIO 44512**

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

TITLE ☐ Delete  
NAME ☐ Delete  
STREET ADDRESS ☐ Delete  
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
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:

**SIGNATURE REQUIRE** **GARY A. LOCKHART, CFO** **4/24/02**

**330-625-1232**

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

Date

Daytime Phone #

CR2E083 (9/01)

0035544