

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P95000036677**

1. Entity Name

**DUNNELLO PLAZA MANAGEMENT, INC.****FILED****Mar 22, 2001 8:00 am**  
**Secretary of State**

03-22-2001 90027 016 \*\*\*150.00

Principal Place of Business

Mailing Address

C/O HERITAGE MANAGEMENT  
P.O. BOX 2495  
OCALA FL 34478  
US3181 N. 34TH ST.  
HOLLYWOOD FL 33021  
US

2. Principal Place of Business

1320 S. E. 25th Loop

3. Mailing Address

P.O. Box 2495

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 101

City &amp; State

City &amp; State

Ocala, FL

Ocala, FL

Zip 34471

Country USA

Zip 34471

Country USA

4. FEI Number 65-0582923

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHACK, MICHAEL  
3181 N 34 ST  
HOLLYWOOD FL 33021

Name

James E. Day

Street Address (P.O. Box Number is Not Acceptable)

1320 S.E. 25th Loop #101

City

Ocala

FL

Zip Code 34471

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.

James E. Day

3/8/01

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	P			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	SCHACK, MICHAEL	3181 N 34TH ST	HOLLYWOOD FL 33021						
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
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				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Schack

Date

3/13/01

352/369-9881

Daytime Phone #

CR2E034 (10/00)