

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

001612 AF

00 JUN -2 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000005342

1. Entity Name
U-STOR RIDGE ROAD, LLC

Principal Place of Business
2712 POWELL LANE
TARPON SPRINGS FL 34689

Mailing Address
2712 POWELL LANE
TARPON SPRINGS FL 34689-7410



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3060 Alternate 19 N.
Suite, Apt. #, etc.

3. Mailing Address
3060 Alternate 19 N.
Suite, Apt. #, etc.

City & State
Palm Harbor, FL
Zip
34683
Country
USA

City & State
Palm Harbor, FL
Zip
34683
Country
USA

4. FEI Number
59-3594041
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BORK, JOHN
2712 POWELL LANE
TARPON SPRINGS FL 34689

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

| 9. MANAGING MEMBERS/MEMBERS | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BORK, JOHN 2712 POWELL LANE TARPON SPRINGS FL 34689 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BORK, JANICE 2712 POWELL LANE TARPON SPRINGS FL 34689 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM DENUNZIO, PETER V 3001 LEPRECHAUN LANE PALM HARBOR FL 34683 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM DENUNZIO, CYNTHIA L 3001 LEPRECHAUN LANE PALM HARBOR FL 34683 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

| 10. ADDITIONS/CHANGES | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 200003292912-5 -06/15/00--01155--003 *****50.00 *****50.00 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> 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] 4/26/00 727-781-4800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E081 (9/99)