

# 2001 UNIFORM BUSINESS REPORT (UBR)

0011642 AF

DOCUMENT # **A93000000878**

1. Entity Name

**CLARK PROPERTIES OF VOLUSIA COUNTY, LTD.**

Principal Place of Business

**5652 ISABELLE AVENUE  
PORT ORANGE FL 32127**

Mailing Address

**5652 ISABELLE AVENUE  
PORT ORANGE FL 32127**

FILED

01 JAN 26 AM 11:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3216297**

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

**CLARK, D. ANDREW  
5652 ISABELLE AVENUE  
PORT ORANGE FL 32127**

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 *D. Andrew Clark* **D. ANDREW CLARK**

**01-22-01**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

**\$7,425.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **M98199**  
NAME **DAYTONA SELF STORAGE, INC.**  
STREET ADDRESS **5652 ISABELLE AVENUE**  
CITY-ST-ZIP **PORT ORANGE FL 32127**

STREET ADDRESS

CITY-ST-ZIP

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**-02/02/01--01040--014**  
**\*\*\*\*141.25 \*\*\*\*141.25**

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**D. ANDREW CLARK, PRES.**

**01-22-01**

Date

**904-767-0350**

Daytime Phone #

CR2E003 (11/00)