

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A94000000209**

1. Entity Name

SELF-STOR ALAFAYA PARTNERS, LTD.

FILED

00 MAR 27 PM 7:56

SECRETARY OF STATE

TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
310 WEST CENTRAL PARKWAY, SUITE 7000
ALTAMONTE SPRINGS FL 32714

Mailing Address
310 WEST CENTRAL PARKWAY, SUITE 7000
ALTAMONTE SPRINGS FL 32714-2424

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3236692**

Applied For
Not Applicable

Zip Country

Zip Country

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

MIKKELSON, W. MICHAEL
310 WEST CENTRAL PARKWAY, SUITE 7000
ALTAMONTE SPRINGS FL 32714

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$1,100,000.00**

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 # **P94000014264**
NAME **SELF-STOR ALAFAYA PARTNERS, INC.**
STREET ADDRESS **310 WEST CENTRAL PARKWAY, SUITE 7000**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

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-04/05/00--01008--016
*****526.25 ***526.25**

DOCUMENT #
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CITY-ST-ZIP

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DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

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: Wm. Michael Mickelson **Wm. Michael Mickelson** 3/21/2000 407-774-8818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)

999 TO

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000058704

1. Entity Name
SOUTHERN SPORTS, INC.

Principal Place of Business Mailing Address
11407 3RD STREET N., #4 11407 3RD STREET N., #4
ST. PETERSBURG, FL ST. PETERSBURG, FL
33716 33716

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 27 PM 4:00

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***308.75 ***308.75

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-3520215		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

8. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
STULL, R J 602 SOUTH BOULEVARD TAMPA, FL 33606				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 _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MEYER, RON 11407 3RD STREET N., #4 ST. PETERSBURG, FL 33716	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RONALD M. MYERS 11407 3RD STREET N., #4 ST. PETERSBURG, FL 33716	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<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: Ronald M. Myers 03/21/00 813-258-1272
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

KOEHLER & COMPANY

A PROFESSIONAL ASSOCIATION

CERTIFIED PUBLIC ACCOUNTANTS AND BUSINESS ADVISORS

MEMBERS OF THE AMERICAN
INSTITUTE AND THE FLORIDA
INSTITUTE OF CERTIFIED
PUBLIC ACCOUNTANTS

TELEPHONE (813) 258-1272
FACSIMILE (813) 258-2422
WEB SITE: WWW.CPA-TAMPA.COM
E-MAIL: KOEHLER@CPA-TAMPA.COM

Attachment 2 of 3

March 22, 2000

Division of Corporations
Annual Report Filings
Post Office Box 6327
Tallahassee, Florida 32314-6327

Re: Southern Sports, Inc.
EIN: 59-3520215
Form : Annual Reports for 1999-2000

Dear Sir:

This is in regards to the above referenced corporation. Please find enclosed Form CR2E034, Profit Corporation Annual Report for tax years 1999-2000 and a check for \$308.75 in payment of the annual fees for the tax years 1999-2000, plus an additional \$8.75 for a certificate of status.

As per our conversation with your office on March 22, 2000, we explained to your office that the taxpayer had not received the annual report forms for 1999. When the taxpayer originally submitted the annual report for 1999, it was returned to them because the State had charged them a penalty and the State was requesting some additional funds (see enclosed correspondence). At the time, we contacted the State and explained that the taxpayer had never received the original annual report and accordingly, should not be penalized. The taxpayer then resubmitted the form and the check. The check never cleared their bank account and apparently, the State never received this resubmission. Accordingly, the corporation was unknowingly dissolved by the State of Florida. Your office instructed us to prepare the attached form and send it in with the check for \$308.75 and an explanatory letter. We have hereby complied with this instruction.

We respectfully request that the above referenced corporation not be penalized due to the delinquency of these filings because they did not receive the annual report from the State.

Attachment

3 of 3

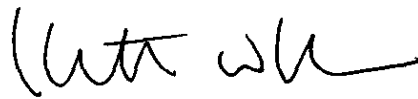
Division of Corporations

March 22, 2000

Page Two

If you require any further information or should you have any questions, please call me at (813) 258-1272.

Very Truly Yours,

A handwritten signature in black ink, appearing to read "Keith W. Koehler". The signature is fluid and cursive, with a long horizontal stroke at the end.

Keith W. Koehler

cc: Southern Sports, Inc.

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
SECRETARY OF STATE
DIVISION OF CORPORATIONS

9900AR

FILED

00 MAR 27 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # F96000000319 (1)

1. Corporation Name
RAEFORD AVIATION SERVICES LIMITED, INC.

Principal Place of Business
11 ST. SAUVOURS WHARF, MILL STREET
LONDON SW 1 2BA

Mailing Address
11 ST. SAUVOURS WHARF, MILL STREET
LONDON SW 1 2BA

3. Date Incorporated or Qualified 01/10/1996	3a. Date of Last Report
4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Document <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

**TOME, JAY R ESQ
777 BRICKELL AVENUE, STE 1114
MIAMI FL 33131**

**ANDREW OLIVERI
12384 N.W. 48DR.
CORAL SPRING, FL
33076**

10. Name and Address of New Registered Agent

**RAEFORD AVIATION SERVICES LTD
Special Address (P.O. Box Number is Not Acceptable)
3900 N.W. 79 AVE. STE 634
MIAMI FL 33166**

11. Pursuant to the provisions of Sections 607.0507 and 607.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **ANDREW OLIVERI**

SIGNATURE **Andrew Oliveri** DATE **3-3-00**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	SO	<input type="checkbox"/> DELETE
NAME	RAECHED, ASSAD C	
STREET ADDRESS	WHITE GATE COTTAGE 220 SWAKELEYS RD	
CITY-ST-ZIP	UNITED KINGDOM	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RAECHED, MARIA T	
STREET ADDRESS	WHITE GATE COTTAGE 220 SWAKELEYS RD	
CITY-ST-ZIP	UNITED KINGDOM	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
3. STREET ADDRESS		
4. CITY-ST-ZIP		
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		
7. STREET ADDRESS		
8. CITY-ST-ZIP		
9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		
11. STREET ADDRESS		
12. CITY-ST-ZIP		
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-ST-ZIP		
17. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		
19. STREET ADDRESS		
20. CITY-ST-ZIP		

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***308.75

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with my address.

SIGNATURE: **CHARLES REACHED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles Reached
Date: **2/4/97**

600003196276 (9/96)

SP