

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000000120**

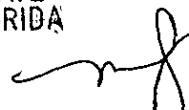
1. Entity Name

**SUPERIOR STORAGE-HYDE PARK, LTD.**

APPROVED  
AND  
FILED

00 APR 11 PM 12:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA




DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
331 WINDWARD ISLAND CLEARWATER FL 33767		331 WINDWARD ISLAND CLEARWATER FL 33767-2328	
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	59-3517090	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	
VAN WINKLE, MARY E 3844 BEE RIDGE ROAD, SUITE 202 SARASOTA FL 34233		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 \_\_\_\_\_

9. Capital Contributions as Shown on record. \$700,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 #	P98000020902	STREET ADDRESS	
NAME	SUPERIOR STORAGE CENTERS, INC. OF HYDE PAR	CITY - ST - ZIP	
STREET ADDRESS	331 WINDWARD ISLAND		
CITY - ST - ZIP	CLEARWATER FL 33767		
DOCUMENT #		STREET ADDRESS	400003222064--8
NAME		CITY - ST - ZIP	-04/25/00--01009--002
STREET ADDRESS			*****526.25 *****526.25
CITY - ST - ZIP			
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NAME		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  DATE 4/6/00 DAYTIME PHONE # \_\_\_\_\_

0014017 1/1 (6616) 000320