

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000001170

1. Entity Name
HIGHWAY 19 SELF-STORAGE L.L.C.

Principal Place of Business
1100 COMMERCIAL WAY
SPRING HILL FL 34606

Mailing Address
P.O. BOX 1275
ELFERS FL 34680

FILED

01 JUN 27 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1000 COMMERCIAL WAY

3. Mailing Address

Suite, Apt. #, etc.

City & State

SPRING HILL FL

City & State

4. FEI Number

59-3625322

Applied For

Not Applicable

Zip
34606

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DISBROW, GREGORY
1100 COMMERCIAL WAY
SPRING HILL FL 34606

7. Name and Address of New Registered Agent

Name

GREGORY DISBROW

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

1000 COMMERCIAL WAY

City

SPRING HILL

FL

Zip Code

34606

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

Gregory Disbrow Gregory Disbrow member

2/9/01

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

☐ Delete

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10. ADDITIONS/CHANGES

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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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:

Gregory Disbrow Gregory Disbrow

2/15/01

727-375-0400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

002091 AF

CR2E083 (11/00)