

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 JUL 26 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000000662

1. Entity Name

BEACHSIDE MINI-STORAGE, L.L.C.

Principal Place of Business

140 TOMAHAWK DRIVE
INDIAN HARBOR BEACH FL 32937

Mailing Address

140 TOMAHAWK DRIVE
INDIAN HARBOR BEACH FL 32937

2. Principal Place of Business

3. Mailing Address

PO Box 580

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Cocoa

4. FEI Number

59-353-5846

Applied For

Not Applicable

Zip

Country

Zip

32923

Country

Brevard

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOSLEY, CURTIS R
1221 EAST NEW HAVEN AVENUE
MELBOURNE FL 32901

Name

Kim B. Hooper TTEE

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

1539 N. Cocoa Blvd

City

Cocoa

FL

Zip Code

32922

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

Kim B. Hooper TTEE 7-13-2000

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME HOOPER, KIM B TRUSTEE
STREET ADDRESS P.O. BOX 580
CITY-ST-ZIP COCOA FL 32923-0580

TITLE MGRM
NAME James Arthur Hooper Trust, Kim Hooper TTEE
STREET ADDRESS 1539 N. Cocoa Blvd
CITY-ST-ZIP Cocoa FL 32922

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

321-631-4667
7-13-2000

CR2E083 (5/00)