

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAY -4 PM 2:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L99/5465

Entity Name

Olde Naples Self Storage North, LLC

Principal Place of Business

Mailing Address

Principal Place of Business

24850 Burnt Pine Dr

Suite, Apt. #, etc.

4

City & State

Bonita Springs, FL

Zip

34134

Country

USA

3. Mailing Address

24850 Burnt Pine Dr

Suite, Apt. #, etc.

4

City & State

Bonita Springs, FL

Zip

34134

Country

USA

4. FEI Number

65-0952413

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

Mark K. Rasmus  
17693 Summerlin Road  
Ft. Myers, FL 33908

## 7. Name and Address of New Registered Agent

Name

Mark K. Rasmus

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

24850 Burnt Pine Drive

Suite 4

City

Bonita Springs

FL

Zip Code

34134

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.

Mark K. Rasmus

5/1/00

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**

## MANAGING MEMBERS/MEMBERS

Managing Member ☐ Delete

Mark K. Rasmus

24850 Burnt Pine Dr, #4

Bonita Springs, FL 34134

Partner ☐ Delete

Henry Halle

1601 Gulf Shore Blvd., #6

Naples, FL 34102 ☐ Delete

## 10.

## ADDITIONS/CHANGES

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

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TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

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:

Mark K. Rasmus

5/1/00 (941) 949-7855

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (11/99)