

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006045

1. Entity Name

STUART NORTH SELF STORAGE, L.C.

FILED

00 JAN 24 AM 11:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
4326 SW BROOKSIDE DRIVE  
PALM CITY FL 34990

Mailing Address  
4326 SW BROOKSIDE DRIVE  
PALM CITY FL 34990-7750

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0950992

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

DOUGHERTY, JEFFREY P  
3039 SW SEABOARD DR.  
PALM CITY FL 34990

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

4326 SW BROOKSIDE DRIVE  
City PALM CITY FL 34990

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

1-20-00

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

9. MANAGING MEMBERS/MEMBERS

10.

ADDITIONS/CHANGES

TITLE NAME MGR  
STREET ADDRESS DOUGHERTY, JEFFREY P  
CITY-ST-ZIP 3039 SW SEABOARD DR.  
PALM CITY FL 34990 ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐

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CITY-ST-ZIP

☐ Change ☐ Addition

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\*\*\*\*\*50.00 \*\*\*\*\*50.00

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 REQUIRED

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

1-20-00

Date

561-283-1238

Daytime Phone #