

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000102871

i. Entity Name

RABBIT HILL SELF STORAGE, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90070 018 ***150.00

Principal Place of Business

Mailing Address

STATE ROAD 16
AUGUSTINE FL 32095

478 STATE ROAD 16
ST. AUGUSTINE FL 32095

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3610597

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

SIRAGUSA, MICHAEL A
780 N. PONCE DE LEON BLVD.
ST. AUGUSTINE FL 32085-3007

Name

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

City

FL

Zip Code

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

8. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

ST-ZIP	ADDRESS	ST-ZIP	ADDRESS	ST-ZIP	ADDRESS	ST-ZIP	ADDRESS	ST-ZIP	ADDRESS	ST-ZIP	ADDRESS	ST-ZIP	ADDRESS	ST-ZIP	ADDRESS
<input type="checkbox"/> Delete		TITLE	P/C/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition			TITLE	ROBERT J. WEBB	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition			TITLE	ROBERT J. WEBB
		NAME	478 S.R. 16					NAME	478 S.R. 16					NAME	478 S.R. 16
		STREET ADDRESS	ST. AUGUSTINE, FL 32095					STREET ADDRESS	ST. AUGUSTINE, FL 32095					STREET ADDRESS	ST. AUGUSTINE, FL 32095
		CITY-ST-ZIP						CITY-ST-ZIP						CITY-ST-ZIP	
<input type="checkbox"/> Delete		TITLE	T/S/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition			TITLE	DEBORA D. WEBB	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition			TITLE	DEBORA D. WEBB
		NAME	478 S.R. 16					NAME	478 S.R. 16					NAME	478 S.R. 16
		STREET ADDRESS	ST. AUGUSTINE, FL 32095					STREET ADDRESS	ST. AUGUSTINE, FL 32095					STREET ADDRESS	ST. AUGUSTINE, FL 32095
		CITY-ST-ZIP						CITY-ST-ZIP						CITY-ST-ZIP	
<input type="checkbox"/> Delete		TITLE	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition			TITLE	MARY PATRICIA WEBB	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition			TITLE	MARY PATRICIA WEBB
		NAME	248 ESTRADA AVE.					NAME	248 ESTRADA AVE.					NAME	248 ESTRADA AVE.
		STREET ADDRESS	ST. AUGUSTINE, FL 32095					STREET ADDRESS	ST. AUGUSTINE, FL 32095					STREET ADDRESS	ST. AUGUSTINE, FL 32095
		CITY-ST-ZIP						CITY-ST-ZIP						CITY-ST-ZIP	
<input type="checkbox"/> Delete		TITLE	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition			TITLE	R.W. WEBB JR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition			TITLE	R.W. WEBB JR
		NAME	248 ESTRADA AVE.					NAME	248 ESTRADA AVE.					NAME	248 ESTRADA AVE.
		STREET ADDRESS	ST. AUGUSTINE, FL 32095					STREET ADDRESS	ST. AUGUSTINE, FL 32095					STREET ADDRESS	ST. AUGUSTINE, FL 32095
		CITY-ST-ZIP						CITY-ST-ZIP						CITY-ST-ZIP	
<input type="checkbox"/> Delete		TITLE	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition			TITLE	JEAN ANN WEBB	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition			TITLE	JEAN ANN WEBB
		NAME	248 ESTRADA AVE.					NAME	248 ESTRADA AVE.					NAME	248 ESTRADA AVE.
		STREET ADDRESS	ST. AUGUSTINE, FL					STREET ADDRESS	ST. AUGUSTINE, FL					STREET ADDRESS	ST. AUGUSTINE, FL
		CITY-ST-ZIP						CITY-ST-ZIP						CITY-ST-ZIP	
<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition			TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition			TITLE	
		NAME						NAME						NAME	
		STREET ADDRESS						STREET ADDRESS						STREET ADDRESS	
		CITY-ST-ZIP						CITY-ST-ZIP						CITY-ST-ZIP	

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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert J. Webb

ROBERT J. WEBB

1/15/00

(904) 829-2333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)