

2001 UNIFORM BUSINESS REPORT (UBR)

0010126 AF

DOCUMENT # A95000000271
 1. Entity Name
BARRETT FAMILY PARTNERSHIP V, LTD.

FILED

01 MAY 18 AM 11:29

Principal Place of Business Mailing Address
% J B MANAGEMENT, INC. **% J B MANAGEMENT, INC.**
300 SOUTH DUNCAN AVENUE, SUITE 275 **300 SOUTH DUNCAN AVENUE, SUITE 275**
CLEARWATER FL 33755 **CLEARWATER FL 33755**

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State
 Zip Country Zip Country

4. FEI Number **59-3287503**
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CORNELIUS, CHERYL J
% J B MANAGEMENT, INC.
300 SOUTH DUNCAN AVENUE, SUITE 275
CLEARWATER FL 33755

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$300.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	NAME
STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP
DOCUMENT #	NAME
STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP
DOCUMENT #	NAME
STREET ADDRESS	STREET ADDRESS
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DOCUMENT #	NAME
STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP
DOCUMENT #	NAME
STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP
STREET ADDRESS	STREET ADDRESS
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STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *John P. Barrett, Jr.* **3/15/01**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)