

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000000307

1. Entity Name

TSCPR E.D.P. PARTNERSHIP #5, LTD., S.E.

Principal Place of Business  
5858 CENTRAL AVENUE  
ST. PETERSBURG FL 33707

Mailing Address  
5858 CENTRAL AVENUE  
ST. PETERSBURG FL 33707

2. Principal Place of Business

3. Mailing Address  
PO Box 41847

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
St. Petersburg, FL

4. FEI Number  
59 3626357

Applied For  
Not Applicable

Zip

Country

Zip  
33743-1847

Country

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

6. Name and Address of Current Registered Agent

TSCPR FLORIDA, INC.  
5858 CENTRAL AVENUE  
ST. PETERSBURG FL 33707

7. Name and Address of New Registered Agent  
Name

Craig H. Sher

Street Address (P.O. Box Number is Not Acceptable)  
5858 Central Avenue

City

St. Petersburg

FL

Zip Code

33707

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 Craig H. Sher, Vice President, TSCPR Florida Inc. DATE 4/26/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions \$99.00 10. Amount of Capital Contributions in FLORIDA to date. \$99.00 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 this form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P97000081031  
NAME TSCPR FLORIDA, INC.  
STREET ADDRESS 5858 CENTRAL AVENUE  
CITY-ST-ZIP ST. PETERSBURG FL 33707

STREET ADDRESS

200004213212--4  
-05/11/01--01140--008

\*\*\*\*150.00 \*\*\*\*150.00

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STREET ADDRESS

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: Craig H. Sher, Vice President, TSCPR Florida Inc.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/26/01

727-384-6000

Date

Daytime Phone #

Craig H. Sher, Vice President, TSCPR Florida Inc.

0006978  
AF

FILED  
01 MAY -8 AM 9:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E003 (11/00)