

# 2000 UNIFORM BUSINESS REPORT (UBR)

UNIFORM BUSINESS REPORT

APPROVED  
AND  
FILED

00 MAR 30 AM 10:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Handwritten initials*



DO NOT WRITE IN THIS SPACE

**DOCUMENT # A27385**

1. Entity Name  
**NTS-PROPERTIES ASSOCIATES V, LTD.**

Principal Place of Business 10172 LINN STATION RD LOUISVILLE KY 40222	Mailing Address 10172 LINN STATION RD LOUISVILLE KY 40223-3887
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>61-1051454</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6: Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. <b>\$200.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>NICHOLS, J.D. 10172 LINN STATION ROAD LOUISVILLE KY</b>	STREET ADDRESS	<b>706003213897-9 -04/19/00--01014--001 ***1091.25 ***141.25</b>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>P05990 NTS CAPITAL CORPORATION 10172 LINN STATION ROAD LOUISVILLE KY</b>	STREET ADDRESS	
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CR2E003 (9/99)

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:** *By: Susan M. Howard, Secretary* **SIGNATURE REQUIRED** *Susan M. Howard* **3/2/00** **(502)426-4800**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #