

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A92000000071

1. Entity Name

HASKELL REALTY DEVELOPERS, LTD. V

FILED

00 JAN 24 PM 4:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
111 RIVERSIDE AVENUE  
JACKSONVILLE FL 32202

Mailing Address  
111 RIVERSIDE AVENUE  
JACKSONVILLE FL 32202-4921

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3150755

Applied For  
Not Applicable

Zip Country

Zip Country

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

VANDERGRIFF, C. EDWARD  
111 RIVERSIDE AVENUE  
JACKSONVILLE FL 32202

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

\$100.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # V12157  
NAME UTILITY ROOFING AND CONSTRUCTION, INC.  
STREET ADDRESS 111 RIVERSIDE AVENUE  
CITY-ST-ZIP JACKSONVILLE FL 32202

STREET ADDRESS

CITY-ST-ZIP

200003118102--S  
-02/01/00--01057--011  
\*\*\*\*150.00 \*\*\*\*150.00

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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; the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE

SIGNATURE REQUIRED

1/17/00

904/791-4778

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

C. Edward Vandergriff