

# 2001 UNIFORM BUSINESS REPORT (UBR)

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**DOCUMENT # A94000001283**

1. Entity Name  
**5R RANCH LIMITED PARTNERSHIP**

**FILED**  
JAN 17 AM 9:50

Principal Place of Business  
**1752 ABC ROAD  
LAKE WALES FL 33853**

Mailing Address  
**1752 ABC ROAD  
LAKE WALES FL 33853**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **34-1267016** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**DYKXHOORN, JACOB C  
PETERSON MYERS CRAIG CREWS BRANDON  
130 EAST CENTRAL AVENUE  
LAKE WALES FL 33853**

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. **\$4,319,006.97**

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 #		STREET ADDRESS	
NAME	<b>RUPP, RICK R</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>4602 COUNTRY ROAD 19</b>		
CITY-ST-ZIP	<b>WAUSEON OH 43567</b>		
DOCUMENT #		STREET ADDRESS	
NAME	<b>RUPP, RUSS J</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>203 APPLE TREE LANE</b>		
CITY-ST-ZIP	<b>WAKARUSA IN 46573</b>		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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CITY-ST-ZIP			

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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: Russ J. Rupp** **SIGNATURE REQUIRED** **Russ J. Rupp** 1-10-01 219-535-7455  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER General Partner Date Daytime Phone #

CR2E003 (11/00)