

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000002355**

1. Entity Name

**RENAISSANCE PARTNERS V LIMITED PARTNERSHIP**

Principal Place of Business

**400 CLEMATIS STREET, SUITE 205  
WEST PALM BEACH FL 33401**

Mailing Address

**400 CLEMATIS STREET, SUITE 205  
WEST PALM BEACH FL 33401**

2. Principal Place of Business

**330 Clematis Street**

Suite, Apt. #, etc.

**Suite 214**

City & State

**West Palm Beach, FL**

Zip

**33401**

Country

**Palm Beach**

3. Mailing Address

**330 Clematis Street**

Suite, Apt. #, etc.

**Suite 214**

City & State

**West Palm Beach, FL**

Zip

**33401**

Country

**Palm Beach**

**FILED**

**01 MAY 16 PM 3:02**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0835928**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**FRISBIE, DAVID W**

**400 CLEMATIS STREET, SUITE 205  
WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

Name

**David W. Frisbie**

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

**1000 Indian Road**

City

**Palm Beach**

FL

Zip Code

**33480**

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

**David W. Frisbie**

**4-27-01**

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.

**\$7,500.00**

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 # **P95000028179**  
NAME **REN GP CORP.**  
STREET ADDRESS **400 CLEMATIS STREET, SUITE 205**  
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS **330 Clematis Street, Suite 214**  
CITY-ST-ZIP **West Palm Beach, FL 33401**

STREET ADDRESS  
CITY-ST-ZIP **\$141.25**

STREET ADDRESS  
CITY-ST-ZIP **4000004423134-4  
-06/15/01--01084--020  
\*\*\*4178.75 \*\*\*141.25**

STREET ADDRESS  
CITY-ST-ZIP

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

**REN GP CORP**

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4-27-01**

Date

**561-832-7784**

Daytime Phone #

CR2E003 (11/00)

0000130 AF