

# 2002 UNIFORM BUSINESS REPORT (UBR)

0002786 AV

DOCUMENT # A97000002355

1. Entity Name

RENAISSANCE PARTNERS V LIMITED PARTNERSHIP

FILED

02 MAY -3 AM 9:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

330 CLEMATIS STREET, SUITE 214  
WEST PALM BEACH FL 33401

Mailing Address

330 CLEMATIS STREET, SUITE 214  
WEST PALM BEACH FL 33401

2. Principal Place of Business

100 S. Dixie Highway

Suite, Apt. #, etc.

Suite 200

City & State

West Palm Beach, FL

Zip

33401

Country

USA

3. Mailing Address

100 S. Dixie Highway

Suite, Apt. #, etc.

Suite 200

City & State

West Palm Beach, FL

Zip

33401

Country

USA

DUE BY MAY 1, 2002

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  
1000 INDIAN ROAD  
PALM BEACH FL 33480

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

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

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 330 CLEMATIS STREET, SUITE 214  
CITY-ST-ZIP WEST PALM BEACH FL 33401

13. ADDRESS CHANGES ONLY

STREET ADDRESS 100 S. Dixie Highway, Suite 200  
CITY-ST-ZIP West Palm Beach, FL 33401

DOCUMENT #  
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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: By: *[Signature]* **REQUIRE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-29-02

561-832-7784

Date

Daytime Phone #

CP2E003 (9/01)