

# 2001 UNIFORM BUSINESS REPORT (UBR)

0001411 AF

DOCUMENT # **A98000000175**

1. Entity Name

**WORTHWHILE DEVELOPMENT V, LTD.**

**FILED**  
01 MAR 20 PM 3:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**2949 W. STATE ROAD 434  
SUITE 400  
LONGWOOD FL 32779**

Mailing Address

**2949 W. STATE ROAD 434  
SUITE 400  
LONGWOOD FL 32779**

2. Principal Place of Business

**2933 W SR 434**  
Suite, Apt. #, etc.  
**Suite 101,**  
City & State

3. Mailing Address

**2933 W SR 434**  
Suite, Apt. #, etc.  
**Suite 101,**  
City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3523186**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**ROYALL, H J JR.**

**2040 W. STATE ROAD 434**

**SUITE 400**

**LONGWOOD FL 32779**

7. Name and Address of New Registered Agent

Name

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

**2933 W SR 434**

**Suite 101,**

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.

**President of the General Partner** **3/19/01**

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

**\$9.90**

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 # **P98000005133**  
NAME **WORTHWHILE DEVELOPMENT V, INC.**  
STREET ADDRESS **2949 W. STATE ROAD 434**  
CITY-ST-ZIP **LONGWOOD FL 32779**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

**2933 W SR 434, Ste 101,**

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**407-774-0303**

**HJ Royall, Jr President of the General Partner**

CR2E003 (11/00)