

# 2001 UNIFORM BUSINESS REPORT (UBR)

0014312 AF

DOCUMENT # **A98000001221**

1. Entity Name

**STERLING V REALTY LIMITED PARTNERSHIP**

**FILED**

**01 MAR 12 PM 12:22**

Principal Place of Business

**5053 OCEAN BOULEVARD  
SARASOTA FL 34242**

Mailing Address

**5053 OCEAN BOULEVARD  
SARASOTA FL 34242**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**65-0862342**

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**KING, STEVEN  
5053 OCEAN BOULEVARD  
SARASOTA FL 34242**

7. Name and Address of New Registered Agent

Name

**KATHERYN M. TOUVELLE**

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

**69 AVENIDA MESSINA**

City

**SARASOTA**

FL

Zip Code

**34242**

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

*Kathryn M. Touvelle*

**1/29/01**

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.

**\$5,000.00**

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 #  
NAME **KING, STEVEN**  
STREET ADDRESS **5053 OCEAN BOULEVARD**  
CITY-ST-ZIP **SARASOTA FL 34242**

DOCUMENT #  
NAME **TOUVELLE, KATHERYN**  
STREET ADDRESS **5053 OCEAN BOULEVARD**  
CITY-ST-ZIP **SARASOTA FL 34242**

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

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

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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:

*Kathryn M. Touvelle*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**1/29/01**  
Date

**941/349-8600**  
Daytime Phone #

001(11) 0300E2C0