

# 2001 UNIFORM BUSINESS REPORT (UBR)

0010946 AF

DOCUMENT # **A98000002818**

1. Entity Name

**FRIEDMAN FAMILY LIMITED PARTNERSHIP V**

**FILED**

01 FEB 23 AM 10:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*zf*

Principal Place of Business

**13156 VALEWOOD DRIVE  
NAPLES FL 34119**

Mailing Address

**13156 VALEWOOD DRIVE  
NAPLES FL 34119**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

**36-4262538**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NRAI SERVICES, INC.  
526 EAST PARK AVENUE  
TALLAHASSEE FL 32301**

Name: **SHELDON FRIEDMAN**

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

**13156 VALEWOOD DR**

City: **NAPLES**

**FL**

Zip Code: **34119**

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 *Sheldon Friedman Pres* **SHELDON FRIEDMAN** **2-01-01**  
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. **\$1,750,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date. **Ø**

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 # **P98000105656**  
NAME **FRIEDMAN VENTURES, INC.**  
STREET ADDRESS **13156 VALEWOOD DRIVE**  
CITY-ST-ZIP **NAPLES FL 34119**

STREET ADDRESS

CITY-ST-ZIP

**300003791193--7**

**03/01/01-01060-022**

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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: *Sheldon Friedman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**2-01-10**

Date

Daytime Phone #

CR2E003 (11/00)