

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000004321

1. Entity Name
TELANTIS VENTURE PARTNERS V, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90112 004 ***158.75

Principal Place of Business Mailing Address
12511 WORLD PLAZA LANE 12511 WORLD PLAZA LANE
FT. MYERS FL 33907 FT MYERS FL 33907-3991
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Zip Country Zip Country

4. FEI Number **65-0761765** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
ACCIPITER II, INC.
12511 WORLD PLAZA LANE
FT. MYERS FL 33907

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **CCEO**
STREET ADDRESS **MEYERSON, ROBERT F**
CITY-ST-ZIP **16488 CAPTIVA ROAD**
CAPTIVA ISLAND FL 33924

TITLE Change Addition
NAME
STREET ADDRESS **791 WYE RD**
CITY-ST-ZIP **AKRON, OH 44333**

TITLE Delete
NAME **PCOO**
STREET ADDRESS **MEYERSON, ADAM H**
CITY-ST-ZIP **791 WYE ROAD**
AKRON OH 44333

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **VSD**
STREET ADDRESS **MURPHY, ELIZABETH S**
CITY-ST-ZIP **791 WYE ROAD**
AKRON OH 44333

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **TD**
STREET ADDRESS **DYER, RICHARD W**
CITY-ST-ZIP **791 WYE RD**
AKRON OH 44333

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D**
STREET ADDRESS **HEDNDERSON, DAVID W**
CITY-ST-ZIP **791 WYE RD**
AKRON OH 44333

TITLE Change Addition
NAME **D**
STREET ADDRESS **DAVID W. MEYERSON**
CITY-ST-ZIP **791 WYE RD**
AKRON, OH 44333

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ADAM H. MEYERSON Date _____ Daytime Phone # **(330) 666-6380**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)