

2000 UNIFORM BUSINESS REPORT (UBR)

0012441 AF

DOCUMENT # **A15135**

1. Entity Name
GULF TO LAKES ASSOCIATES LTD.

FILED
00 MAY 18 PM 12:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
6130 W. CORPORATE OAKS
CRYSTAL RIVER FL 34429

Mailing Address
P.O. BOX 10000
CRYSTAL RIVER FL 34423-9701



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1506 N MEADOWCREST BLVD
Suite, Apt. #, etc.,

3. Mailing Address
Suite, Apt. #, etc.

City & State
CRYSTAL RIVER FL

Zip
34429

Country
US

City & State

Zip

Country

4. FEI Number
02-0372578

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
CARMAN, JAMES W.
P.O. BOX 10,000
6142 W CORPORATE OAKS DR.
CRYSTAL RIVER FL 34429

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
2600 W BLACK DIAMOND CIRCLE

City **LECANTO** FL Zip Code **34461**

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 **4/29/00**

Signature of person printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$10,271,665.19**

10. Amount of Capital Contributions in FLORIDA to date. **\$11,959,665.19**

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 STREET ADDRESS CITY - ST - ZIP | H68090 MEADOWCREST DEVELOPMENT, INC. 6142 W.CORPORATE OAKS DR CRYSTAL RIVER FL |
| DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP | OLSEN, STANLEY C 2600 WEST BLACK DIAMOND CIRCLE LECANTO FL |
| DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP | |
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| DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP | |

| 13. ADDRESS CHANGES ONLY | |
|--------------------------|-------------------------------------|
| STREET ADDRESS | 1506 N MEADOWCREST BOULEVARD |
| CITY - ST - ZIP | CRYSTAL RIVER FL 34429 |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
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| STREET ADDRESS | |
| CITY - ST - ZIP | |

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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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-28-00 **352-795-2505**

Date Daytime Phone #

CR2E003 (6/99)