

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A15135**

1. Entity Name

**GULF TO LAKES ASSOCIATES LTD.**

FILED

01 JUN -6 PM 4:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1506 N. MEADOWCREST BLVD.  
CRYSTAL RIVER FL 34429

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



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

**02-0372578**

Applied For

Not Applicable

*W/L*

DO NOT WRITE IN THIS SPACE

**MJH**

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

**STILLWELL, CLARK A  
BANK OF INVERNESS BUILDING  
320 HIGHWAY 41 SOUTH  
INVERNESS FL 34450**

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

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.

**\$11,959,665.19**

10. Amount of Capital Contributions in FLORIDA to date.

**14,049,627.62**

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 # **H68090**  
NAME **MEADOWCREST DEVELOPMENT, INC.**  
STREET ADDRESS **1506 N. MEADOWCREST BLVD.**  
CITY-ST-ZIP **CRYSTAL RIVER FL 34429**

STREET ADDRESS

CITY-ST-ZIP

~~308884272089 5~~  
-05/18/01--01118--006  
\*\*\*\*526.25 \*\*\*\*526.25

DOCUMENT #  
NAME **OLSEN, STANLEY C**  
STREET ADDRESS **2600 WEST BLACK DIAMOND CIRCLE**  
CITY-ST-ZIP **LECANTO FL**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
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:

*Stanley C. Olsen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/30/01

352-746-9000

Date

Daytime Phone #