

2002 UNIFORM BUSINESS REPORT (UBR)

0015742 AT

DOCUMENT # **A15135**

1. Entity Name

GULF TO LAKES ASSOCIATES LTD.

FILED

02 MAY -9 AM 10:52

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.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number **02-0372578**

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

**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.

DATE

9. Capital Contributions as Shown on record. **14,816,627.62**

10. Amount of Capital Contributions in FLORIDA to date. **14,816,627.62**

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 # | H88090 |
| NAME | MEADOWCREST DEVELOPMENT, INC. |
| STREET ADDRESS | 1506 N. MEADOWCREST BLVD. |
| CITY-ST-ZIP | CRYSTAL RIVER FL 34429 |
| DOCUMENT # | |
| NAME | OLSEN, STANLEY C |
| STREET ADDRESS | 2600 WEST BLACK DIAMOND CIRCLE |
| CITY-ST-ZIP | LECANTO FL |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
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| STREET ADDRESS | |
| CITY-ST-ZIP | |
| STREET ADDRESS | |
| CITY-ST-ZIP | FF \$526.25 |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| STREET ADDRESS | |
| CITY-ST-ZIP | 100005623061--7 -05/29/02--01017--022 ***526.25 ***526.25 |
| STREET ADDRESS | |
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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: **Stanley C. Olsen** APR 17 2002 352-746-9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)