

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000002781

1. Entity Name

OLSEN FAMILY PARTNERSHIP V, LTD.

FILED

00 MAY 15 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 6130 WEST CORPORATE OAKS DRIVE CRYSTAL RIVER FL 32629	Mailing Address PO BOX 10000 CRYSTAL RIVER FL 34423-0100
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2. Principal Place of Business 2600 W. Black Diamond Circle	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State Lecanto, FL	City & State
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Zip 34461	Country	Zip	Country
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4. FEI Number 59-3557084	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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OLSEN, STANLEY C 6130 WEST CORPORATE OAKS DRIVE CRYSTAL RIVER FL 32629	Name Olsen, Stanley C.
	Street Address (P.O. Box Number is Not Acceptable) 2600 W. Black Diamond Circle
	City Lecanto
	State FL

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 4/24/00
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9. Capital Contributions as Shown on record. \$360,000.00	10. Amount of Capital Contributions in FLORIDA to date. 780,000.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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
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DOCUMENT # H68090	NAME MEADOWCREST DEVELOPMENT, INC.	STREET ADDRESS 1506 N. Meadowcrest Blvd.
STREET ADDRESS 6130 WEST CORPORATE OAKS DRIVE	CITY-ST-ZIP CRYSTAL RIVER FL 32629	CITY-ST-ZIP Crystal River, FL 34429
DOCUMENT #	NAME	STREET ADDRESS
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS
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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: 	REQUISITE Stanley C. Olsen	DATE 4/24/00	DAYTIME PHONE # 352-746-4000
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