

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000002781

1. Entity Name

OLSEN FAMILY PARTNERSHIP V, LTD.

Principal Place of Business

2600 W. BLACK DIAMOND CIRCLE  
LECANTO FL 34461

Mailing Address

PO BOX 10,000  
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

59-3557084

Applied For

Not Applicable

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

OLSEN, STANLEY C  
2600 W. BLACK DIAMOND CIRCLE  
LECANTO FL 34461

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.

(NOT Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

\$780,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

\$1,160,000

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. MEADOW BLVD.  
CITY-ST-ZIP CRYSTAL RIVER FL 34429

STREET ADDRESS 1506 N. Meadowcrest Blvd.  
CITY-ST-ZIP Crystal River, FL 34429

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

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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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

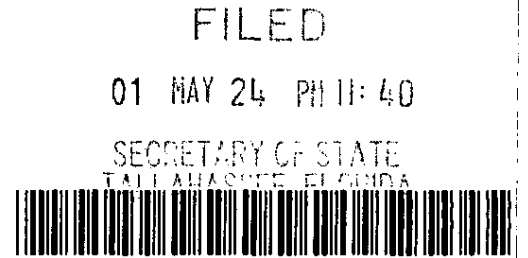
Stanley C. Olsen 4/19/01 (352) 746-4000

Date

Daytime Phone #

0012216 AF

CR2E003 (11/00)



DO NOT WRITE IN THIS SPACE