

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A93000001064**

1. Entity Name

OLSEN FAMILY PARTNERSHIP, LTD.

FILED

00 MAY -2 PM 4: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 6130 W. CORPORATE OAKS DRIVE CRYSTAL RIVER FL 32629	Mailing Address P.O. BOX 10000 CRYSTAL RIVER FL 34423-9701
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2. Principal Place of Business 2600 W. Black Diamond Circle Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Lecanto, FL	City & State	4. FEI Number 59-3206751	Applied For <input type="checkbox"/> Not Applicable
Zip 34461	Country U.S.A.	Zip	Country

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

OLSEN, STANLEY C
6130 W. CORPORATE OAKS DRIVE
CRYSTAL RIVER FL 32629

7. Name and Address of New Registered Agent

Name **Olsen, Stanley C.**
Street Address (P.O. Box Number is Not Acceptable)
2600 W. Black Diamond Circle
Lecanto, FL 34461
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 **Stanley C. Olsen** DATE **4/24/00**
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. 526.25	10. Amount of Capital Contributions in FLORIDA to date. 466,947	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

DOCUMENT # H68090	NAME MEADOWCREST DEVELOPMENT, INC.
STREET ADDRESS 6142 W. CORPORATE OAKS DRIVE	CITY - ST - ZIP CRYSTAL RIVER FL 32629
DOCUMENT #	NAME
STREET ADDRESS	CITY - ST - ZIP
DOCUMENT #	NAME
STREET ADDRESS	CITY - ST - ZIP
DOCUMENT #	NAME
STREET ADDRESS	CITY - ST - ZIP
DOCUMENT #	NAME
STREET ADDRESS	CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS 1506 N. Meadowcrest Blvd.	CITY - ST - ZIP Crystal River, FL 34429
STREET ADDRESS 300003247673--8	CITY - ST - ZIP 05/11/00--01016--022
	****526.25 ****526.25
	FF \$526.25

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** DATE **4/24/00** DAYTIME PHONE # **352-746-4000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

16616-1100-FC