

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A94000001740**

1. Entity Name

**OLSEN FAMILY PARTNERSHIP II, LTD.**

Principal Place of Business

**6130 WEST CORPORATE OAKS DRIVE  
CRYSTAL RIVER FL 32629**

Mailing Address

**PO BOX 10.000  
CRYSTAL RIVER FL 34423-0100**

2. Principal Place of Business

**2600 W. Black Diamond Circle  
Suite, Apt. #, etc.**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Lecanto, FL**

City & State

4. FEI Number

**59-3307682**

Applied For

Not Applicable

Zip  
**34461**

Country  
**USA**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**OLSEN, STANLEY C  
6130 WEST 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**

City

**Lecanto**

**FL**

Zip Code  
**34461**

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.

**\$203,129.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**203,129**

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

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

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

☒ **1506 N. Meadowcrest Blvd.**

CITY - ST - ZIP

**Crystal River, FL 34429**

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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:

**SIGNATURE** **Stanley C. Olsen**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/24/00

3 52-746-4000

Date

Daytime Phone #

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**



DO NOT WRITE IN THIS SPACE

CF E003 (1/95)