

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0016034 AT

DOCUMENT # **A94000001740**

1. Entity Name  
**OLSEN FAMILY PARTNERSHIP II, LTD.**



FILED

03 JUN 24 PM 1:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**2600 W. BLACK DIAMOND CIRCLE  
LECANTO FL 34461**

Mailing Address  
**PO BOX 10000  
CRYSTAL RIVER FL 34423**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3307682**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DUE BY MAY 1, 2003**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record.

**\$203,129.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**203,129.00**

11. MAKE CHECK PAYABLE TO FL. 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. MEADOWCREST BLVD.**  
CITY-ST-ZIP **CRYSTAL RIVER FL 34429**

STREET ADDRESS

CITY-ST-ZIP

**300018472163**  
**06/24/03--01052--001 \*\*473.75**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**300018472163**  
**05/08/03--01006--015 \*\*52.50**

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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

**2-17-03 352-746-4000**  
Date Daytime Phone #

CR2E003 (10/02)