

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A94000001741

1. Entity Name

OLSEN FAMILY PARTNERSHIP III, LTD.

Principal Place of Business

6130 WEST CORPORATE OAKS DRIVE
CRYSTAL RIVER FL 32629

Mailing Address

P.O. BOX 10000
CRYSTAL RIVER FL 34423-9701

2. Principal Place of Business

2600 W. Black Diamond Circle

3. Mailing Address

Suite, Apt. #, etc.

City & State
Lecanto, FL

City & State

4. FEI Number

59-3328236

Applied For

Not Applicable

Zip

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 W. CORPORATE OAKS DR.
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.

Stanley C. Olsen

(NOTE: Registered Agent signature required when reinstating)

4/24/00

DATE

9. Capital Contributions
as Shown on record.

\$241,442.00

10. Amount of Capital Contributions
in FLORIDA to date.

223,663

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

13. ADDRESS CHANGES ONLY

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 100003284041--4
06/12/00 01009 010

DOCUMENT #
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Stanley C. Olsen 4/24/00

Date

352-746-4000

Daytime Phone #



DO NOT WRITE IN THIS SPACE