

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A94000001741

1. Entity Name

OLSEN FAMILY PARTNERSHIP III, LTD.

FILED

01 APR 27 PM 6:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MJH

DO NOT WRITE IN THIS SPACE

Principal Place of Business

2600 W. BLACK DIAMOND CIRCLE
LECANTO FL 34461

Mailing Address

P.O. BOX 10000
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 59-3328236

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

Applied For ☐ Not Applicable

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. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

9. Capital Contributions as Shown on record. \$241,442.00	10. Amount of Capital Contributions in FLORIDA to date. \$241,442	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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	H68090	STREET ADDRESS	
NAME	MEADOWCREST DEVELOPMENT, INC.	CITY-ST-ZIP	
STREET ADDRESS	1506 N. MEADOWCREST BLVD.		
CITY-ST-ZIP	CRYSTAL RIVER FL 34429		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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STREET ADDRESS			
CITY-ST-ZIP			

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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 REQUIRED** 4/19/01 (352) 746-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)