

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97-2522**

1. Entity Name

THE JAMES D. OLSON FAMILY PARTNERSHIP, LTD.

Principal Place of Business

Mailing Address

2. Principal Place of Business

4822 Ocean Blvd.

Suite, Apt. #, etc.

Apt. 6B

City & State

Sarasota, FL

Zip

34242

Country

3. Mailing Address

4822 Ocean Blvd.

Suite, Apt. #, etc.

Apt. 6B

City & State

Sarasota, FL

Zip

34242

Country

4. FEI Number

65-0797920

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JAMES D. OLSON
132 SAND DOLLAR LANE
SARASOTA, FLORIDA 34242

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
4822 Ocean Blvd., Apt. 6B

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)

4/18/2000

DATE

9. Capital Contributions as Shown on record.

396,000.00

10. Amount of Capital Contributions in FLORIDA to date.

396,000.00

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 #
NAME JAMES D. OLSON
STREET ADDRESS 132 SAND DOLLAR LANE
CITY-ST-ZIP SARASOTA, FLORIDA 34242

13. ADDRESS CHANGES ONLY

STREET ADDRESS 4822 OCEAN BLVD., APT. 6B
CITY-ST-ZIP SARASOTA, FLORIDA 34242

DOCUMENT #
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CITY-ST-ZIP

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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

4/18/2000

Date

Daytime Phone #

CR2E003 (9/99)