

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 762789

1. Entity Name

CREST AVENUE MEDICAL BUILDING CONDOMINIUM ASSOCI

**FILED**  
**Jan 28, 2000 8:00 am**  
**Secretary of State**

01-28-2000 90145 047 \*\*\*\*61.25

Principal Place of Business

Mailing Address

2509 WEST CREST AVENUE  
TAMPA FL 33614

2509 WEST CREST AVENUE  
TAMPA FL 33614-6804

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

59-2191507

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COURTNEY, ROBERT J.  
5204 NORTH ARMENIA AVE.  
TAMPA FL 33603

Name William J. Gill DDS  
Street Address (P.O. Box Number is Not Acceptable) 2509 W. Crest Ave Suite 1  
City Tampa State FL Zip Code 33614

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 William J. Gill DDS Pres

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-25-00

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VD Vice President - Director ☐ Delete  
NAME COURTNEY, ROBERT J  
STREET ADDRESS 5204 N ARMENIA AVE  
CITY-ST-ZIP TAMPA, FL 00000

TITLE COURTNEY DIRECTOR ☐ Change ☐ Addition  
NAME VICE PRESIDENT  
STREET ADDRESS  
CITY-ST-ZIP

TITLE STD Sec'y - Treasurer ☐ Delete  
NAME GILL, WILLIAM J  
STREET ADDRESS 2509 WEST CREST AVE  
CITY-ST-ZIP TAMPA, FL 00000

TITLE GILL DIRECTOR ☐ Change ☐ Addition  
NAME PRESIDENT  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PD President Director ☐ Delete  
NAME MELLMAN, DONALD L  
STREET ADDRESS 2509 WEST CREST AVE  
CITY-ST-ZIP TAMPA, FL 00000

TITLE GABRIEL HERNANDEZ ☐ Change ☐ Addition  
NAME DIRECTOR  
STREET ADDRESS TREASURER / SECRETARY  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MELLMAN DIRECTOR ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Donald L. Mellman 010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/00 8138798028

Date

Daytime Phone #