

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N04210

1. Entity Name

BEL CREST CONDOMINIUM, INC.

Principal Place of Business

Mailing Address

HERBERT W LEONHARDT SR  
706 BAYWAY BOULEVARD  
CLEARWATER FL 34630-2609  
US

HERBER W LEONHARDT SR  
706 BAYWAY BOULEVARD  
CLEARWATER FL 34630-2609  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEONHARDT, HERBERT W SR  
706 BAYWAY BLVD  
CLEARWATER FL 33515

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

*Herbert W Leonhardt Sr*

(NOTE: Registered Agent signature required when reinstating)

DATE

1-05-01

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 PD  
NAME LEONHARDT, HERBERT W.S.  
STREET ADDRESS 706 BAYWAY BLVD  
CITY-ST-ZIP CLEARWATER FL ☐ Delete

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

TITLE STD  
NAME LEONHARDT, EVELYN W.  
STREET ADDRESS 706 BAYWAY BLVD  
CITY-ST-ZIP CLEARWATER FL ☐ Delete

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

TITLE D  
NAME LEONHARDT, TRACIE JEAN  
STREET ADDRESS 706 BAYWAY BLVD  
CITY-ST-ZIP CLEARWATER FL ☐ Delete

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

TITLE VP  
NAME LEONHARDT, HERBERT W., J  
STREET ADDRESS 706 BAYWAY BLVD  
CITY-ST-ZIP CLEARWATER FL ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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:

*Herbert W Leonhardt Sr*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

725  
1-05-01 424-4923



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

0064167