

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N13434

1. Entity Name

BAY CREST PARK CIVIC ASSOCIATION, INCORPORATED

(R)

**FILED**  
**Aug 16, 2000 8:00 am**  
**Secretary of State**

08-16-2000 90001 005 \*\*\*\*61.25

Principal Place of Business

Mailing Address

P.O. BOX 26116  
PO BOX 261116  
TAMPA FL 33685-1116  
US

P.O. BOX 26116  
PO BOX 261116  
TAMPA FL 33685-1116  
US

2. Principal Place of Business

P.O. BOX 261116

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 261116

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

47-9105449

Applied For

Not Applicable

Zip

33685-1116

Country

USA

Zip

33685-1116

Country

USA

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

PARCELEWICZ, JOHN M  
4716 TRAVERTINE DRIVE  
TAMPA FL 33615

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

**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	S	<input type="checkbox"/> Delete
NAME	PARCELEWICZ, JOHN M	
STREET ADDRESS	4716 TRAVERTINE DR.	
CITY-ST-ZIP	TAMPA FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	REDMOND, LAWRENCE	
STREET ADDRESS	8425 FLAGSTONE DRIVE	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WUNDER, RUTH	
STREET ADDRESS	4659 BAY CREST DRIVE	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEINBACH, GIL	
STREET ADDRESS	4807 BAY CREST DRIVE	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	D	<input type="checkbox"/> Delete
NAME	PILE, GLAE	
STREET ADDRESS	4715 TRAVERTINE DR.	
CITY-ST-ZIP	TAMPA FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	DUNHAM, JOHN A 4921 BA	
STREET ADDRESS	8714 TAHITI LANE	
CITY-ST-ZIP	TAMPA FL 33615	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33615	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEIMBACH, GIL	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNHAM, JOHN A.	
STREET ADDRESS	4921 Bay Crest Drive	
CITY-ST-ZIP	Tampa, FL 33615	

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:

John A. Dunham  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/19/00

Daytime Phone #

813-888-7432

CR2E037 (9/99)