

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 712555

1. Entity Name

AMERICAN-GERMAN CLUB, INC.

**FILED**  
**Feb 03, 2000 8:00 am**  
**Secretary of State**

02-03-2000 90035 014 \*\*\*\*61.25

Principal Place of Business

5111 LANTANA ROAD  
 LAKE WORTH FL 33463

Mailing Address

P. O. BOX 5376  
 LAKE WORTH FL 33466-5376  
 US

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

59-1872564

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FOSTER, THOMAS  
 27 FOREST HILLS BLANE  
 BOCA RATON FL 33431

7. Name and Address of New Registered Agent

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

*Thomas Foster*

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

(NOTE: Registered Agent signature required when reinstating)

1/26/00

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

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	RUBY, JOE	
STREET ADDRESS	6641 NW 22 COURT	
CITY-ST-ZIP	MARGATE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	RINGER, SHIRLEY	
STREET ADDRESS	88 CUYAHOGA ROAD	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHAFFHAOSER, JACK	
STREET ADDRESS	7273 CATALINA ISLE DRIVE	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NOTHELPER, KURT	
STREET ADDRESS	8146 AMBACH WAY	
CITY-ST-ZIP	LANTANA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WACKER, BRENT	
STREET ADDRESS	9392 PINTO DR	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	TRAUTNER, LAWRENCE	
STREET ADDRESS	114 SE 35TH AVE	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	G.M. SCHMITT	
STREET ADDRESS	253 BRIER CIRCLE	
CITY-ST-ZIP	JUPITER, FL 33458	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANK WLOSIK	
STREET ADDRESS	7227 LAGANO DR.	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WERNER MUELLER	
STREET ADDRESS	9562 BRIAN BLVD.	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	

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:

*Thomas Foster*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/00

Date

561-391-0428

Daytime Phone #

CR2E037 (9/99)