

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2002 8:00 am**  
**Secretary of State**

02-27-2002 90006 015 \*\*\*\*61.25

**DOCUMENT # 712555**

1. Entity Name

**AMERICAN-GERMAN CLUB, INC.**

Principal Place of Business

Mailing Address

**5111 LANTANA ROAD  
 LAKE WORTH FL 33463**

**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

7. Name and Address of New Registered Agent

**FOSTER, THOMAS  
 27 FOREST HILLS LANE  
 BOCA RATON FL 33431**

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)

DATE

2/11/02

**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 checked="" type="checkbox"/> Delete
NAME	SCHMITT, GM	
STREET ADDRESS	253 BRIER CIRCLE	
CITY-ST-ZIP	JUPITER FL 33458	
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	SCHAFFHAUSER, JACK	
STREET ADDRESS	7273 CATALINA ISLE DRIVE	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	D	<input type="checkbox"/> Delete
NAME	WLOZIK, FRANK	
STREET ADDRESS	7227 LUGANO DR	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	<del>SEC.</del> CHANGE	<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	WERRNER, MUELLER	
STREET ADDRESS	8582 BRIAN BLVD	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUX, ANTON	
STREET ADDRESS	1000 SW 26TH AVE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RADWIN, ARTUR	
STREET ADDRESS	1390 PAMPAS WAY	
CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FINKE, PAUL	
STREET ADDRESS	1320 SW 25TH WAY	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HANPER, HERBERT	
STREET ADDRESS	2597 B'W. EMORY DRIVE	
CITY-ST-ZIP	WEST PALM BEACH, FL 33415	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'DONOHUE, DANIEL	
STREET ADDRESS	10383 S. CIRCLE LAKE DR. #201	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KING, GARY	
STREET ADDRESS	26 VISTA DEL RIO	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426	

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 **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 2/11/02 Daytime Phone # 561-967-6475

CR2E037 (9/01)