

2000 UNIFORM BUSINESS REPORT (UBR)

0076589

DOCUMENT # 735916

1. Entity Name
GERMAN AMERICAN CLUB OF THE TREASURE COAST, INC.

FILED
00 FEB 11 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
P O BOX 1876 PORT ST LUCIE FL 33452
317 TOPAZ TERRACE JENSEN BEACH FL 34957-5461



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
P.O. Box 8076
Suite, Apt. #, etc.

3. Mailing Address
513 NW Galatone Court
Suite, Apt. #, etc.

City & State
Port St. Lucie, FL
Zip
34985 Country
USA

City & State
Port St. Lucie, FL 34986
Zip
34986 Country
USA

4. FEI Number
59-1702937 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
SCHMALFELDT, HANS
3100 S.E. PRUITT RD. B-201
PORT ST. LUCIE FL 34952

7. Name and Address of New Registered Agent
Name
Gebhard Saup
Street Address (P.O. Box Number is Not Acceptable)
513 NW Galatone Court
-02/16/00--01065--014
City
Port St. Lucie Zip Code
FL 34986

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 **Gebhard Saup** *Gebhard Saup* **Feb. 03, 2000**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

10. 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 P	<input type="checkbox"/> Delete GLASS, JOSET 2581 CALADIUM AVE PORT ST. LUCIE FL 34952
TITLE VP	<input type="checkbox"/> Delete STEPHEN, ERNIE 8768 S.W. TROPICAL AVE STUART FL 34997
TITLE T	<input checked="" type="checkbox"/> Delete SCHMALFELDT, HANS 3100 S. E. PRUITT RD. B-301 PORT ST. LUCIE FL 34952
TITLE DBM	<input type="checkbox"/> Delete HEIM, ANN 522 PANDEROSA FT. PIERCE FL 34982
TITLE D	<input type="checkbox"/> Delete GRIESHABER, GERD 3101 S.W. LANDALE BLVD. PORT ST. LUCIE FL 34953
TITLE D	<input type="checkbox"/> Delete DEGER, GEORGE 1166 SW MIRROR LAKE COVE PORT ST. LUCIE FL 34986

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Josef Glass 2581 Caladium Ave Port St. Lucie, FL 34952
TITLE Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Ernie Stephan 8768 sw Tropical Ave Stuart, FL 34997
TITLE Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Gebhard Saup 513 NW Galatone Crt. Port St. Lucie, FL 34986
TITLE Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Karin Eisenman 546 NW Lambrusco Dr. Port St. Lucie, FL 34986
TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Camille Schoenfelder 6030 SE Martinique Dr #202 Stuart, FL 34997
TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Wyndham Jones 602 SW Gaslo Ave Port St. Lucie, FL 34953

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: **JOSEF GLASS** *Josef Glass* **Feb. 03, 2000** **337-0941**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)