

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 757526

1. Entity Name

GERMAN-AMERICAN CLUB OF ST. AUGUSTINE, INC.

Principal Place of Business

1985 STATE RD 16
PO BOX 3303
ST AUGUSTINE FL 32085

Mailing Address

1985 STATE RD 16
PO BOX 3303
ST AUGUSTINE FL 32085-3303

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

WEINBERG, MICHELLE
1985 SR 16
ST AUGUSTINE FL 32095

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

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

TITLE	PD	☐ Delete
NAME	WEINBERG, MICHELLE	
STREET ADDRESS	1985 SR 16	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	VPD	☐ Delete
NAME	DUDLEY, GLORIA	
STREET ADDRESS	1985 SR 16	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	VPD	☐ Delete
NAME	PETZEL, BOB	
STREET ADDRESS	1985 SR-16	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	TD	☐ Delete
NAME	DUDLEY, WILBUR	
STREET ADDRESS	1985 SR 16	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	SD	☐ Delete
NAME	JORTZIK, GERTRUD	
STREET ADDRESS	1985 SR 16	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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:

WILBUR A. DUDLEY, Treasurer

1/6/2000

Date

Daytime Phone #

FILED

Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90042 007 ****61.25

800344



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-174.1922

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required