

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 757526**

1. Entity Name

GERMAN-AMERICAN CLUB OF ST. AUGUSTINE, INC.**FILED**
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90033 022 ****61.25

000778

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****00007273**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1741922

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**WEINBERG, MICHELLE
1985 SR 16
ST AUGUSTINE FL 32095**

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	PD	☐ Delete
NAME	WEINBERG, MICHELLE	
STREET ADDRESS	1985 SR 16	
CITY-ST-ZIP	ST AUGUSTINE FL	

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

TITLE	VPD	☐ Delete
NAME	DUDLEY, GLORIA	
STREET ADDRESS	1985 SR 16	
CITY-ST-ZIP	ST AUGUSTINE FL	

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

TITLE	VPD	☐ Delete
NAME	PETZEL, BOB	
STREET ADDRESS	1985 SR 16	
CITY-ST-ZIP	ST AUGUSTINE FL	

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

TITLE	TD	☐ Delete
NAME	DUDLEY, WILBUR	
STREET ADDRESS	1985 SR 16	
CITY-ST-ZIP	ST AUGUSTINE FL	

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

TITLE	SD	☐ Delete
NAME	JORTZIK, GERTRUD	
STREET ADDRESS	1985 SR 16	
CITY-ST-ZIP	ST AUGUSTINE FL	

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

TITLE		☐ Delete
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:

SICILIA J. DUDLEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/01

Date

904-471-2066

Daytime Phone #

CR2E037 (10/00)