

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 757526

1. Entity Name

GERMAN-AMERICAN CLUB OF ST. AUGUSTINE, INC.

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90154 036 ****61.25

Principal Place of Business

Mailing Address

1985 STATE RD 16
PO BOX 3303
ST AUGUSTINE FL 32085

1985 STATE RD 16
PO BOX 3303
ST AUGUSTINE FL 32085

80027065



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

MICHELLE WEINBERG
Michelle Weinberg

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

NOTE: Registered Agent signature required when reinstating)

DATE

1/28/02

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 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:

Michelle Weinberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(904) 824-8397

CR2E037 (9/01)