

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 07, 2002 8:00 am**  
**Secretary of State**

04-07-2002 90567 005 \*\*\*150.00

DOCUMENT # 659817  
1. Entity Name  
Bavarian Inn Corporation

**DO NOT WRITE IN THIS SPACE**

759146

2. Principal Place of Business  
4901 Tamiami Trail N.  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Naples, FL  
Zip  
34103  
Country  
USA

City & State  
Zip  
Country

4. FEI Number  
59-2319209  
Applied For  
 Not Applicable  
5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name  
U.S. Investor Services, Inc.  
Street Address (P.O. Box Number is Not Acceptable)  
4901 Tamiami Trail N.  
City Naples, FL Zip Code 34103

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] DATE 3-28-02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
(See criteria on back)  
January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

| 11. OFFICERS AND DIRECTORS                       |   |  |                                       |
|--|---|--|---------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | PD<br>Rudolph Grossmann<br>4901 Tamiami Trail N.<br>Naples, FL 34103    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | VD<br>Werner Wolkersdorfer<br>4901 Tamiami Trail N.<br>Naples, FL 34103 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | SD<br>Rainer N. Filthaut<br>4901 Tamiami Trail N.<br>Naples, FL 34103   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | VD<br>Betty Merkel<br>4901 Tamiami Trail N.<br>Naples, FL 34103         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |                                       |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] R. Filthaut DATE: 3-28-02 DAYTIME PHONE #: 941-213-4000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR