

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90105 034 ****61.25

DOCUMENT # N00000001882

1. Entity Name

GERMAN-AMERICAN SOCIAL CLUB OF SARASOTA, INC.

Principal Place of Business

Mailing Address

4350 BRECKENRIDGE WAY
 SARASOTA FL 34235

4350 BRECKENRIDGE WAY
 SARASOTA FL 34235

906567



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. FEE Number

59-1002345

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

KAPPEL, FRED
 4350 BRECKENRIDGE WAY
 SARASOTA FL 34235

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

Fred Kappel

fred Kappel

Jan 19/01

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 NAME	P KAPPEL, FRED	<input type="checkbox"/> Delete
STREET ADDRESS	4350 BRECKENRIDGE WAY	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE NAME	V KAPPEL, CHARLOTTE	<input type="checkbox"/> Delete
STREET ADDRESS	4350 BRECKENRIDGE WAY	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE NAME	T OTIS, ELIZABETH	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	749 WEST LAKE CIRCLE	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE NAME	S KUBOTEIT, MARGARET	<input type="checkbox"/> Delete
STREET ADDRESS	4186 WESTBOURNE CIRCLE	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE NAME	D KOONTZ, LLOYD	<input type="checkbox"/> Delete
STREET ADDRESS	1819 ROXANE WAY	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE NAME	D BODEK, JOSEPH	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	7843 CHICK EVANS PLACE	
CITY-ST-ZIP	SARASOTA FL 34240	

TITLE NAME	D Alfred Viehbeck	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	5871 Lakeside Woods Circle	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE NAME	D Richard Eckard	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	931 Sunridge Way	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE NAME	T Joseph Bodek	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	7843 Chick Evans PL	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE NAME	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	D Peter JIRAK	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3350 Austin St.	
CITY-ST-ZIP	SARASOTA FL 34291	

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:

Charlotte Kappel
 Charlotte Kappel

Jan 19/01

941-355-8590

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)