

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90190 029 ****61.25

DOCUMENT # N00000001882

1. Entity Name
GERMAN-AMERICAN SOCIAL CLUB OF SARASOTA, INC.

Principal Place of Business 4350 BRECKENRIDGE WAY SARASOTA FL 34235	Mailing Address 4350 BRECKENRIDGE WAY SARASOTA FL 34235
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-1002345	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

KAPPEL, FRED
4350 BRECKENRIDGE WAY
SARASOTA FL 34235

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

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 NAME KAPPEL, FRED	<input type="checkbox"/> Delete
STREET ADDRESS 4350 BRECKENRIDGE WAY	
CITY-ST-ZIP SARASOTA FL 34235	
TITLE NAME KAPPEL, CHARLOTTE	<input type="checkbox"/> Delete
STREET ADDRESS 4350 BRECKENRIDGE WAY	
CITY-ST-ZIP SARASOTA FL 34235	
TITLE NAME BODEK, JOSEPH	<input type="checkbox"/> Delete
STREET ADDRESS 7843 CHICK EVANS PL	
CITY-ST-ZIP SARASOTA FL 34240	
TITLE NAME KUBOTEIT, MARGARET	<input type="checkbox"/> Delete
STREET ADDRESS 4186 WESTBOURNE CIRCLE	
CITY-ST-ZIP SARASOTA FL 34238	
TITLE NAME KOONTZ, LLOYD	<input type="checkbox"/> Delete
STREET ADDRESS 1819 ROXANE WAY	
CITY-ST-ZIP SARASOTA FL 34235	
TITLE NAME JIRAK, PETER	<input type="checkbox"/> Delete
STREET ADDRESS 3350 AUSTIN ST	
CITY-ST-ZIP SARASOTA FL 34231	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME Secretary Anneliese Spindler	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1803 Oakview DR.	
CITY-ST-ZIP Sarasota, FL 34232	
TITLE NAME Treasurer Margaret Kuboteit	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4186 Westbourne CR.	
CITY-ST-ZIP Sarasota, FL 34238	
TITLE NAME Director Joe Bodek	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 7843 Chick Evans PL	
CITY-ST-ZIP Sarasota, FL 34240	
TITLE NAME Director Alfred Viebeck	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 5871 Lakeside Woods CR.	
CITY-ST-ZIP Sarasota, FL 34243	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *X* **SIGNATURE REQUIRED** *Fred Kappel* **04/09/02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 941-355-9536

CR2E037 (9/01)