

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 19, 2001 8:00 am**  
**Secretary of State**

02-19-2001 90260 013 \*\*\*\*61.25

**DOCUMENT # N00000006414**

1. Entity Name

**GERMAN-AMERICAN CLUB OF SUN CITY CENTER, INC.**

Principal Place of Business

Mailing Address

1009 N PEBBLE BEACH BLVD  
 SUN CITY CENTER FL 33473

1009 N PEBBLE BEACH BLVD  
 SUN CITY CENTER FL 33473

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3608369**

Applied For

Not Applicable

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

**SHERWOOD, THOMAS J**  
**3430 SR 674**  
**RUSKIN FL 33570**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>GEISSLER, WALTER</b> <b>704 WINTERBROOKE WAY</b> <b>SUN CITY CENTER FL 33573</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GEISSLER, ESTHER</b> <b>704 WINTERBROOKE WAY</b> <b>SUN CITY CENTER FL 33573</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <del><b>NOLDEN, KURT</b></del> <del><b>2346 EMERALD LAKE DR</b></del> <del><b>SUN CITY CENTER FL 33573</b></del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>NOLDEN, ELFI</b> <b>2346 EMERALD LAKE DR</b> <b>SUN CITY CENTER FL 33573</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>QUITSCH, JUDITH</b> <b>2238 DEL WEBB BLVD W</b> <b>SUN CITY CENTER FL 33573</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HILLMANN, BERNHARD</b> <b>1220 CALOOSA CREEK COURT</b> <b>SUN CITY CENTER FL 33573</b>	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>QUITSCH DIETER</b> <b>2238 DEL WEBB BLVD. W.</b> <b>SUN CITY CTR. FL 33573</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>FRAEBEL KLAUS</b> <b>2230 NORTH CREEK COURT</b> <b>SUN CITY CTR. FL 33573</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <del><b>FRAEBEL-CHRISTEL</b></del> <del><b>2230 NORTH CREEK COURT</b></del> <del><b>SUN CITY CTR. FL 33573</b></del>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>YARK ILONA</b> <b>913 EL RANCHO DR.</b> <b>SUN CITY CTR. FL 33573</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FRY WALTER</b> <b>1802 NEW BEDFORD DR.</b> <b>SUN CITY CTR. FL 33573</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FRY CAROLYN</b> <b>1802 NEW BEDFORD DR.</b> <b>SUN CITY CTR. FL 33573</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:

*Walter Geissler*  
**WALTER GEISSLER**

**Feb. 16, 2001**

**813-633-5568**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)