

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 12, 2003 8:00 am**  
**Secretary of State**

02-12-2003 90086 050 \*\*\*\*61.25

**DOCUMENT # N00000006414**

1. Entity Name

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



Principal Place of Business

**1009 N PEBBLE BEACH BLVD  
SUN CITY CENTER FL 33473**

Mailing Address

**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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P</b><br><b>NOLDEN, KURT</b><br><b>2346 EMERALD LAKE DR.</b><br><b>SUN CITY CENTER FL 33573</b>    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T</b><br><b>FRY, WALTER</b><br><b>1802 NEW BEDFORD DR</b><br><b>SUN CITY CENTER FL 33573</b>       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D.</b><br><b>RICHARD EDELMAN</b><br><b>706 MEDINA WAY</b><br><b>SUN CITY CENTER FL 33573</b>       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>ELEANORE EDELMAN</b><br><b>706 MEDINA WAY</b><br><b>SUN CITY CENTER FL 33573</b>                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>AUGUST KLUGER</b><br><b>1507 LAUGHTEN PL</b><br><b>SUN CITY CENTER FL 33573</b>                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V</b><br><b>QUITSCH, DIETER</b><br><b>2238 DEL WEBB BLVD W</b><br><b>SUN CITY CENTER, FL 33573</b> | <input checked="" type="checkbox"/> Change <input 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:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
**JUDITH W. QUITSCH 1/20/03 813/642-0157**

CR2E037 (10/02)