

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N14954

1. Entity Name

GERMAN AMERICAN FRIENDSHIP CLUB OF VENICE, INC.

FILED

00 MAR -2 AM 12:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business C/O R P KOEHLER 1500 MAPLE ST NOKOMIS FL 34275 US	Mailing Address C/O R P KOEHLER 1500 MAPLE ST NOKOMIS FL 34275-2428 US
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2. Principal Place of Business SOUTH VENICE YACHT CLUB Suite, Apt. #, etc. YACHT CLUB DR -	3. Mailing Address P.O. BOX 44 Suite, Apt. #, etc.
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City & State Venice, FL 34293	City & State Venice, FL 34294
Zip 34293 Country US	Zip 34294 Country US

DO NOT WRITE IN THIS SPACE

03/02/00 90184 007 61.25

4. FEI Number 59-2836922	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent

~~SCHMITT, ERICH~~
861 PINTO CIRCLE
NOKOMIS FL 34275

7. Name and Address of New Registered Agent

Name: RUDOLF ZARZUTZKI
Street Address (P.O. Box Number is Not Acceptable):
3265 MEADOW RUN DRIVE
City: VENICE FL Zip Code: 34293

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

T NAME: SCHMITT, ERICH STREET ADDRESS: 861 PINTO CIRCLE CITY-ST-ZIP: NOKOMAS FL 34275	<input checked="" type="checkbox"/> Delete
V NAME: KOEHLER, ROBERT P STREET ADDRESS: 1500 MAPLE ST CITY-ST-ZIP: NOKOMIS FL 34275	<input checked="" type="checkbox"/> Delete
D NAME: PATTON, JOHN STREET ADDRESS: 4831 SUMMER RD CITY-ST-ZIP: VENICE FL 34293	<input checked="" type="checkbox"/> Delete
D NAME: SCHUERGER, ELMER STREET ADDRESS: 415 GULFBREEZE BLVD CITY-ST-ZIP: VENICE FL 34293	<input type="checkbox"/> Delete
D NAME: ZARZUTZKI, RUDOLF STREET ADDRESS: 3265 MEADOW RUN DR CITY-ST-ZIP: VENICE FL 34293	<input checked="" type="checkbox"/> Delete
D NAME: KUNERT, BRIGITTE STREET ADDRESS: 290 SANTA MARIA ST, #E-231 CITY-ST-ZIP: VENICE FL 34285	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T NAME: RUDOLF ZARZUTZKI STREET ADDRESS: 3265 MEADOW RUN DRIVE CITY-ST-ZIP: VENICE FL 34293	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
P NAME: R.P. KOEHLER STREET ADDRESS: 1500 MAPLE ST CITY-ST-ZIP: NOKOMIS FL 34275	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
V NAME: HEINZ FEUGENSER STREET ADDRESS: 238 PARKVIEW DR. CITY-ST-ZIP: VENICE FL 34293	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D NAME: DON BAIGER STREET ADDRESS: 6003 FABIAN RD. CITY-ST-ZIP: NORTH BAY, FL 34287	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D NAME: FRED SIGWERT STREET ADDRESS: 9 WINDSON DR. CITY-ST-ZIP: BUNGLEWOOD FL 34223	<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: R.P. KOEHLER 1/28/00 (914) 484-3599

CR2E037 (9/99)