

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90341 037 \*\*\*\*61.25

**DOCUMENT # N14954**

1. Entity Name

**GERMAN AMERICAN FRIENDSHIP CLUB OF VENICE, INC.**

Principal Place of Business

Mailing Address

**SOUTH VENICE YACHT CLUB  
 YACHT CLUB DR.  
 VENICE FL 34293  
 US**

**PO BOX 44  
 VENICE FL 34284**

**31919**



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. FEI Number

**59-2836922**

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

**ZARZUTZKI, RUDOLF  
 3285 MEADOW RUN DR.  
 VENICE FL 33429-3**

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

*Hans O. Kuhnau, Pres.*

*Hans O. Kuhnau*

*Apr. 07/02*

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 **D**  Delete  
 NAME **ZARZUTZKI, RUDOLF**  
 STREET ADDRESS **3285 MEADOW RUN DR**  
 CITY-ST-ZIP **VENICE FL 34293**

Change  Addition

TITLE **P**  Delete  
 NAME **KOEHLER, R P**  
 STREET ADDRESS **1500 MAPLE DR.**  
 CITY-ST-ZIP **VENICE FL 34293**

TITLE **D**  Change  Addition  
 NAME **HANS O. KUHNAU**  
 STREET ADDRESS **116 BRAUNWINE CIR.**  
 CITY-ST-ZIP **ENGLEWOOD, FL 34223**

TITLE **V**  Delete  
 NAME **FUENBERG, HEINZ**  
 STREET ADDRESS **238 PARKVIEW DR.**  
 CITY-ST-ZIP **VENICE FL 34293**

TITLE **D**  Change  Addition  
 NAME **IRMGARD ORBAN**  
 STREET ADDRESS **291 LAUREL HOLLOW DR.**  
 CITY-ST-ZIP **NOKOMIS, FL 34275**

TITLE **B T**  Delete  
 NAME **SCHUERGER, ELMER**  
 STREET ADDRESS **415 GULFBREEZE BLVD**  
 CITY-ST-ZIP **VENICE FL 34293**

Change  Addition

TITLE **D**  Delete  
 NAME **BALER, DON**  
 STREET ADDRESS **6003 FABIAN RD.**  
 CITY-ST-ZIP **NORTH POND FL 34287**

TITLE **T**  Change  Addition  
 NAME **GERHARD KOESTER**  
 STREET ADDRESS **4704 DAKHILL DR.**  
 CITY-ST-ZIP **SARASOTA, FL 34232**

TITLE **D**  Delete  
 NAME **STEWART, FRED**  
 STREET ADDRESS **9 WINDSOR DR.**  
 CITY-ST-ZIP **ENGLEWOOD FL 34223**

TITLE **D**  Change  Addition  
 NAME **KATE BERGER**  
 STREET ADDRESS **1222 PINE NEEDLE**  
 CITY-ST-ZIP **VENICE, FL 34292**  
 NOTE:  Change  Addition  
**RESIGNED AS OF 03/28/02**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*Hans O. Kuhnau*

*Apr. 07/02*

*941-473-0327*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)