2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000167

FILED
May 02, 2000 8:00 am
Secretary of State
05-02-2000 90168 001 ****61.25

1. Entity Name

THE SWISS AMERICAN SOCIETY OF THE GOLD COAST, IN

Principal Place of Business	Mailing Address
17650 OAKWOOD AVE BOCA RATON FL 33487 US	17650 OAKWOOD AVE BOCA RATON FL 33487-2211 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
17650 OAKWOOD AVE.	17650 OAKWOOD AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BOCA RATON, FL	City & State: BOCA RATON, FL
Zip: 33487 Country:	Zip: 33487 Country:

4. FEI Number: 65-0710502 ☐ 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
MARTI, ROLF 17650 OAKWOOD AVENUE BOCA RATON FL 33487	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	PD MARTI, ROLF 17650 OAKWOOD AVE BOCA RATON FL 33487	☐ Delete	SAAD JULIE JETZER 1106 SE 10th TERRACE DEERFIELD BEACH, FL 33441	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD HARRIS, ROSEMARY 1975 NE 6TH ST DEERFIELD BCH FL 33441	☐ Delete	SD WILLIAM GUNTHER 3606 S. OCEAN BLVD, SUITE 904 HIGHLAND BEACH, FL 33487	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MEIER, CHRISTIAN 4799 NW 96TH DR CORAL SPRINGS FL 33076	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (9/99)

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: CHRISTIAN MEIER 4/23/2000 954-776-1606 X119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #