

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

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90076 013 ****70.00

DOCUMENT # 711204

1. Entity Name

GERMAN-AMERICAN SOCIAL CLUB OF CAPE CORAL, FLORIDA, INC.



Principal Place of Business

**2101 PINE ISLAND RD
CAPE CORAL FL 33910**

Mailing Address

**P O BOX 101135
CAPE CORAL FL 33910**

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 **23-7081446**

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

**ELLIS, STEPHEN D.
4020 DEL PRADO
SUITE A-1
CAPE CORAL FL 33904**

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 **P**
NAME **KOHL, KLAUS**
STREET ADDRESS **2230 HAMBURG LANE**
CITY-ST-ZIP **PORT CHARLOTTE FL 33983**

☐ Delete

TITLE **DIRECTOR**
NAME **ROLF POTTSCH**
STREET ADDRESS **2631 SW 48th TERR.**
CITY-ST-ZIP **CAPE CORAL, FL 33914**

☐ Change

☒ Addition

TITLE **VP**
NAME **WINTER, LOTTE**
STREET ADDRESS **1133 SE 32ND TERRACE**
CITY-ST-ZIP **CAPE CORAL FL 33904**

☐ Delete

TITLE **DIRECTOR**
NAME **Dietrich BRANDT**
STREET ADDRESS **3120 SE 6th AVE**
CITY-ST-ZIP **CAPE CORAL, FL 33904**

☐ Change

☒ Addition

TITLE **D**
NAME **VOSS, HERMANN**
STREET ADDRESS **1208 S.W. 53RD STREET**
CITY-ST-ZIP **CAPE CORAL FL 33914**

☐ Delete

TITLE **DIRECTOR**
NAME **DORTHEA Degehard**
STREET ADDRESS **3691 OLOXINIA DR**
CITY-ST-ZIP **N. Ft Myers, FL 33917**

☐ Change

☒ Addition

TITLE **D**
NAME **DENNER, GUNTHER**
STREET ADDRESS **1452 SE 14TH ST**
CITY-ST-ZIP **CAPE CORAL FL 33990**

☒ Delete

TITLE **ALFRED VICSK**
NAME **DIRECTOR**
STREET ADDRESS **9849 MAR LARGO Circle**
CITY-ST-ZIP **FT Myers FL 33919**

☒ Change

☐ Addition

TITLE **D**
NAME **SAAL, DONALD E**
STREET ADDRESS **4118 SE 19TH AVE, #201**
CITY-ST-ZIP **CAPE CORAL FL 33904**

☒ Delete

TITLE **HUBERT PREM**
NAME **DIRECTOR**
STREET ADDRESS **1736 SW 44th ST**
CITY-ST-ZIP **CAPE CORAL, FL 33914**

☒ Change

☐ Addition

TITLE **S**
NAME **DOSTING, CAROL**
STREET ADDRESS **456 GUYANA STREET**
CITY-ST-ZIP **PUNTA GORDA FL 33983-5760**

☐ Delete

TITLE **VP**
NAME **John Bartlett**
STREET ADDRESS **1224 SW 53rd Terrace**
CITY-ST-ZIP **CAPE CORAL, FL 33914**

☒ Change

☐ 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]

2/24/03 239-283-1400

CR2E037 (10/02)