

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90249 018 ****61.25

DOCUMENT # 705091

1. Entity Name

GERMAN-AMERICAN SOCIETY OF CENTRAL FLORIDA, INC.

Principal Place of Business

**381 ORANGE LANE
 CASSELBERRY FL 32707**

Mailing Address

**381 ORANGE LANE
 CASSELBERRY FL 32707**

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

59-1024566

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

**DENYS, INGE
 652 WHEELING AVE.
 ALTAMONTE SPRINGS FL 32714**

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 ☐ Delete
 NAME **TD**
 STREET ADDRESS **MERCER, ROBERT**
 CITY-ST-ZIP **4432 TRESCOTT DR
 ORLANDO FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **VD**
 STREET ADDRESS **BREDTHAUER, REIMER**
 CITY-ST-ZIP **826 N. THORNTON AVE #14
 ORLANDO FL 32803**

TITLE ☒ Change ☐ Addition
 NAME **VD**
 STREET ADDRESS **BREDTHAUER, REIMAR**
 CITY-ST-ZIP **942 E. PALM VALLEY DR.
 OVIEDO, FL 32765**

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **DENYS, INGE**
 CITY-ST-ZIP **652 WHEELING AVE
 ALTAMONTE SPRINGS FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **STALLARD, JAMES**
 CITY-ST-ZIP **8605 PORT SAID ST
 ORLANDO FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **SD**
 STREET ADDRESS **SIERS, AUDREY**
 CITY-ST-ZIP **5310 GREEN VELVET CT.
 ORLANDO FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **VD**
 STREET ADDRESS **PERDREAUX, JOAN**
 CITY-ST-ZIP **825 MILL RACE PT
 LONGWOOD FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: ROBERT W. MERCER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert W. Mercer

1/15/01 407-679-5050

Date Daytime Phone #

CR2E037 (10/00)