

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2002 8:00 am
Secretary of State

01-28-2002 90041 041 ****61.25

DOCUMENT # 705091

1. Entity Name

GERMAN-AMERICAN SOCIETY OF CENTRAL FLORIDA, INC.

Principal Place of Business

Mailing Address

381 ORANGE LANE
 CASSELBERRY FL 32707

381 ORANGE LANE
 CASSELBERRY FL 32707

German American Society of Central Fla. Inc
 2. Principal Place of Business *German American Society of Central Fla. Inc*

Suite, Apt. #, etc.

381-Orange Lane

Suite, Apt. #, etc.

381-Orange Lane

City & State

Casselberry - Fla

City & State

Casselberry - Fla

Zip

32707

Country

Seminole

Zip

32707

Country

Seminole

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

DENYS, INGE
 652 WHEELING AVE.
 ALTAMONTE SPRINGS FL 32714

7. Name and Address of New Registered Agent

Name **CHRISTA M. WRIGHT**

Street Address (P.O. Box Number is Not Acceptable)

607 Eloise Ave

City **Titusville**

FL

Zip Code **32796**

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 **CHRISTA M WRIGHT**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Christa M Wright 1-14-02

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

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MERCER, ROBERT	
STREET ADDRESS	4432 TRESCOTT DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BREDTHAUER, REIMER	
STREET ADDRESS	942 E PALM VALLEY DRIVE	
CITY-ST-ZIP	OVIDO FL 32765	
TITLE	P	<input type="checkbox"/> Delete
NAME	DENYS, INGE	
STREET ADDRESS	652 WHEELING AVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	STALLARD, JAMES	
STREET ADDRESS	8605 PORT SAID ST	
CITY-ST-ZIP	ORLANDO FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SIERS, AUDREY	
STREET ADDRESS	5310 GREEN VELVET CT.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PERDREAUX, JOAN	
STREET ADDRESS	825 MILL RACE PT	
CITY-ST-ZIP	LONGWOOD FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTA M WRIGHT	
STREET ADDRESS	607 Eloise Ave	
CITY-ST-ZIP	Titusville - Fla. 32796	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

CHRISTA M WRIGHT
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-02

Date

321-267-4504

Daytime Phone #

CR2E037 (9/01)