

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 708225

Entity Name

GERMAN-AMERICAN SOCIETY OF GREATER HOLLYWOOD, FL  
A. INC.

Principal Place of Business

401 WASHINGTON STREET  
HOLLYWOOD FL 33020

Mailing Address

P.O. BOX 4084  
HOLLYWOOD FL 33083

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 59-1119108

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

SCHUCHMANN, RALPH  
601 SW 176 AVE  
HOLLYWOOD FL 33029

Name

Schuchmann, Ralph

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

8182 Duomo Circle

City

Boynton Beach

FL

Zip Code

33437

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	SCHUCHMANN, RALPH	
STREET ADDRESS	601 SW 176 AVE	
CITY-ST-ZIP	HOLLYWOOD FL 33029	
TITLE	1VPD	<input checked="" type="checkbox"/> Delete
NAME	APPEL, REINHOLD	
STREET ADDRESS	1450 SHERIDAN ST. E-11	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	2VPD	<input checked="" type="checkbox"/> Delete
NAME	KESSLER, CHRISTIAN	
STREET ADDRESS	3411 GARFIELD ST.	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	MS	<input type="checkbox"/> Delete
NAME	APPEL, LUCIE	
STREET ADDRESS	1450 SHERIDAN ST. E. 11	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	FRIEDRICH, GOEDEKE	
STREET ADDRESS	6801 SW 10TH COURT	
CITY-ST-ZIP	HOLLYWOOD FL 33023	
TITLE	RS	<input checked="" type="checkbox"/> Delete
NAME	KENLER, BARBARA	
STREET ADDRESS	3411 GARFIELD ST	
CITY-ST-ZIP	HOLLYWOOD FL 33021	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Schuchmann, Ralph	
STREET ADDRESS	8182 Duomo Circle	
CITY-ST-ZIP	Boynton Beach, FL 33437	
TITLE	1VPD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kloss, Walter	
STREET ADDRESS	20271 NW 2 Street	
CITY-ST-ZIP	Pembroke Pines, FL 33029	
TITLE	2VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cavallaro, James	
STREET ADDRESS	4805 Garfield Street	
CITY-ST-ZIP	Hollywood, FL 33021	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kloss, Giselle	
STREET ADDRESS	20271 NW 2 Street	
CITY-ST-ZIP	Pembroke Pines, FL 33029	
TITLE	RS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Loehndorf, Lotte	
STREET ADDRESS	8360 NW 15th Court	
CITY-ST-ZIP	Pembroke Pines, FL 33024	

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:

Giselle Kloss

2-1-02

954-437-0839

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

0072384



DO NOT WRITE IN THIS SPACE