

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 709804

1. Entity Name

GERMAN-AMERICAN SOCIAL CLUB OF GREATER MIAMI, IN

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90045 037 ****61.25

Principal Place of Business

Mailing Address

11919 S.W. 56TH ST.
MIAMI FL 33165

11919 S.W. 56TH ST.
MIAMI FL 33175-5619

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

59-6134720

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOKS, DET H.
10689 N. KENDALL DRIVE
SUITE 221
MIAMI FL FL 33176

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 PD ☐ Delete
NAME CROTHERS, HANNELORE
STREET ADDRESS 9570 CARIBBEAN BLVD
CITY-ST-ZIP MIAMI FL

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

TITLE VD ☒ Delete
NAME GRIEGER, HERMAN
STREET ADDRESS 10441 SW 45TH ST
CITY-ST-ZIP MIAMI FL

TITLE VD ☒ Change ☐ Addition
NAME LEWIS W. JOHNSON
STREET ADDRESS 921 MILAN AVE
CITY-ST-ZIP CORAL GABLES, FL. 33134

TITLE S ☐ Delete
NAME FROEHLING, MARGARET A
STREET ADDRESS 10300 SW 38TH TERRACE
CITY-ST-ZIP MIAMI FL 33165

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

TITLE T ☐ Delete
NAME MORARIN, MARIA
STREET ADDRESS 11420 SW 83RD TERR
CITY-ST-ZIP MIAMI FL

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

TITLE VD ☐ Delete
NAME HENTSCHEL, FRITZ
STREET ADDRESS 12511 SW 112 TERR
CITY-ST-ZIP MIAMI FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)