

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Apr 03, 2001 8:00 am**  
**Secretary of State**

04-03-2001 90099 024 \*\*\*\*61.25

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**DOCUMENT # 717295**

1. Entity Name

**GERMAN AMERICAN SOCIETY OF DAYTONA BEACH, INC.**

Principal Place of Business

**3 RIVER ROCK TRAIL  
ORMOND BCH. FL 32174-3984**

Mailing Address

**P.O. BOX 5194  
ORMOND BCH. FL 32174-3984**

00024177



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**59-1274044**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BINDER, JOSEPH  
3 RIVER ROCK TRAIL  
ORMOND BEACH FL 32174**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BURKHARDT, ERNA</b> <b>129 GREGORY CL.</b> <b>DAYTONA BEACH FL 32127</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>SIEBER, Hannelore</b> <b>ONE OCEANS WEST BLD # 1882</b> <b>DAYTONA BEACH SHORES FL 32118</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>MCGREW, GISELA</b> <b>455 CHAMPAGNE CIRCLE</b> <b>PORT ORANGE FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>ANDRESEN, RITA</b> <b>5761 WHITE ACRES LA</b> <b>PORT ORANGE, FL 32127</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BINDER, JOSEPH</b> <b>3 RIVER ROCK TRAIL</b> <b>ORMOND BCH FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>VIRTS, EANA</b> <b>500 REVILLO BL.</b> <b>DAYTONA BEACH FL 32118</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ZIMMERMANN, DIETER</b> <b>35 TIMBERLAKE LA</b> <b>ORMOND BEACH, FL 32174</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>VIRTS, EANA</b> <b>500 REVILLO BL.</b> <b>DAYTONA BEACH FL 32118</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>BOETTCHER, FRED</b> <b>28 MARJORIE TRAIL</b> <b>ORMOND BEACH FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>SCHLIEPER, REINHOLD</b> <b>8 RED MAPLE CL.</b> <b>ORMOND BEACH, FL 32174</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/27/01

(386) 761-7880

CR2E037 (10/00)