2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 02, 2000 8:00 am Secretary of State **DOCUMENT # 720018** 1. Entity Name DEUTSCHER CLUB HARMONIE, INC. 03-02-2000 90182 014 ****61.25 Principal Place of Business Mailing Address PO BOX 1778 DAVIS LANE DEFUNIAK SPRINGS FL FL 32433 **DEFUNIAK SPRINGS FLA FL 32435-6778** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number NOT APPLICABLE Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent urmeister Street Address (PO. Box Number is Not Acceptable) MARGARET PREUSS YOHN 370 JUNIPER LAKE RD **DEFUNIAK SPRINGS FL 32433** Springs 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 Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Change ☐ Addition TITLE Delete TITLE BURMEISTER, HORST NAME 98 Lake Court STREET ADDRESS STREET ADDRESS RT. 7, BOX 706 CITY-ST-ZIP Je Funiak Springs, CITY-ST-ZIP DEFUNIAK SPGS. FL 32433 TITLE Addition ☐ Delete TITLE DITTUS, KLAUS NAME NAME Howing Well Road Bonifay, FL 32425 STREET ADDRESS STREET ADDRESS RR. 3 BOX 208 F CITY-ST-ZIP CITY-ST-7IP **BONIFAY FL** ☐ Addition ☐ Delete TITLE TITLE NAME NAME CIBIRAS, JOHN 225 Juniper Lake Circle De Fuhiak Springs, FL 32433 STREET ADDRESS STREET ADDRESS RT. 8 BOX 315 CITY-ST-ZIF CITY-ST-ZIP DEFUNIAK SPGS. FL ☐ Addition ☐ Delete TITLE TITLE LYNN, WILLIAM B. NAME 4682 Co. Hwy 280 A RT. 1, BOX N-939 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DEFUNIAK SPGS. FL ☐ Addition 🔽 Change TITLE Delete TITLE NAME NAME FAY, JIMMY 60 Carlan Ct STREET ADDRESS ROUTE 5, BOX 120-R STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP defuniak SPGS. Fl ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 accordate 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 eport as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

TURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Descripe Prone #