

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 720018

1. Entity Name

DEUTSCHER CLUB HARMONIE, INC.

Principal Place of Business

DAVIS LANE
DEFUNIAK SPRINGS FLA FL 32433

Mailing Address

PO BOX 1778
DEFUNIAK SPRINGS FLA FL 32433
US

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

NOT APPLICABLE

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

BURMEISTER, INGRID
98 LAKE COURT
DEFUNIAK SPRINGS FL 32433

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	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
VD	BURMEISTER, HORST	98 LAKE COURT	DEFUNIAK SPGS. FL 32433	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
PD	DITTUS, KLAUS	FLOWING WELL ROAD	BONIFAY FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	CIBIRAS, JOHN	225 JUNIPER LAKE CIRCLE	DEFUNIAK SPGS. FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	LYNN, WILLIAM B.	4682 CO HWY 280 PL	DEFUNIAK SPGS. FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	FAY, JIMMY	60 CARLAN CT	DEFUNIAK SPGS. FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 #

Horst Burmeister 4-12-01 850/892-3247

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90054 043 *****61.25

LUU48708



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)