

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 732338

1. Entity Name

GERMAN AMERICAN SOCIAL CLUB OF WEST CENTRAL FLOR

Principal Place of Business

GRUM, MARTIN
410 S WASHINGTON ST
BEVERLY HILLS FL 34465
US

Mailing Address

GRUM, MARTIN
410 S WASHINGTON ST
BEVERLY HILLS FL 34465
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

59-6567158

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

GRUM, MARTIN
410 S WASHINGTON ST
BEVERLY HILLS FL 34465

Name **HAYES ALBERT**

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

503 Monroe Street

City **Beverly Hills**

FL

Zip Code

34465

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

Albert V. Hayes

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
After September 13, 2000 min. will be \$236.25

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	D GRUM, MARTIN 410 S WASHINGTON ST BEVERLY HILLS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRUM, EVA 410 S WASHINGTON ST BEVERLY HILLS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LORENZ, GERHARD 188 N BRITIAN ST HERNANDO FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAYES, ALBERT 503 S. MONROE ST BEVERLY HILLS FL 34485	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EMMERICH, R H 2858 W BEAMWOOD DR BEVERLY HILLS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PURSLEY, DOUGLAS 381 NUTMEG TERRACE LECANTO FL	<input checked="" 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

President
Hayes Albert
503 S. Monroe St
Beverly Hills, FL 34465

Secretary
Maire Reeves
3702 W. Piedmont Dr.
Beverly Hills, FL 34465

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:

Albert V. Hayes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-21-00

Date

352-746-0964

Daytime Phone #

CR2E037 (5/00)



DO NOT WRITE IN THIS SPACE

UNIFORM