

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

03-13-2002 90051 003 \*\*\*\*61.25

**DOCUMENT # 754399**

1. Entity Name

**GERMAN-AMERICAN SOCIAL CLUB OF BREVARD, INC.**

Principal Place of Business

Mailing Address

**2515 HERITAGE DRIVE  
TITUSVILLE FL 32780**

**2515 HERITAGE DRIVE  
TITUSVILLE FL 32780**

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

**59-2159232**

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

Name

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

City

**FL**

Zip Code

**THOMSON, INGEBORG C.  
4330 PEPPER TREE STREET  
COCOA BEACH FL 32926**

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  
**P**  
**MLODZIANOWSKI, RUTH** ☐ Delete  
**2515 HERITAGE DR.**  
**TITUSVILLE FL**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V**  
**ANGLIN, HELGA** ☐ Delete  
**2510 GRAN TETON BLVD.**  
**MELBOURNE FL**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**MAURER, HELGA** ☐ Delete  
**2673 CORBUSIER DR**  
**MELBOURNE FL 32935**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S**  
**KISCHNER, RUTH** ☒ Delete  
**1489 BRONCO DR**  
**MELBOURNE FL 32940**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S**  
**JOHNSON, MARCELLA** ☒ Change ☐ Addition  
**4255 WOOD HAVEN DR.**  
**MELBOURNE, FL 32935**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**SHERMAN, HARLAND** ☐ Delete  
**3285 SAVANNAHS TRAIL**  
**MERRITT ISLAND FL 32953**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**KUEHNHOLD, HEIDI** ☐ Delete  
**2200 BREEZY CIRCLE**  
**MELBOURNE FL**

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

Date

Daytime Phone #

**RUTH MLODZIANOWSKI**

**3-1-02**

**321/267-4111**

CR2E037 (9/01)