

2002 UNIFORM BUSINESS REPORT (UBR)

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

03-13-2002 90143 018 ****61.25

DOCUMENT # 763177

1. Entity Name

SCHLARAFFIA COSTA AUREA, INC.

Principal Place of Business

**6769 ARBOR DRIVE
 MIRAMAR FL 33023
 US**

Mailing Address

**3405 SANTA BARBARA BLVD
 CAPE CORAL FL 33914
 US**

2. Principal Place of Business

8148 NW 20th Manor

3. Mailing Address

Suite, Apt. #, etc.

City & State
Coral Springs, FL

City & State

4. FEI Number
59-2235912

Applied For

Not Applicable

Zip
33071

Country
USA

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SEEMANN, ERNEST A.
 3405 SANTA BARBARA BLVD
 CAPE CORAL FL 33914**

7. Name and Address of New Registered Agent

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

TITLE **VD** ☒ Delete
 NAME **ZEIDLER, BRUNO**
 STREET ADDRESS **1323 SW 3RD ST.**
 CITY-ST-ZIP **BOCA RATON FL**

TITLE **TD** ☒ Delete
 NAME **SCHWABE, MICHAEL K**
 STREET ADDRESS **3922 SW 136TH AVE**
 CITY-ST-ZIP **MIAMI FL 33175**

TITLE **SD** ☒ Delete
 NAME **HACHENBURG, H.W.**
 STREET ADDRESS **6769 ARBOR DR.**
 CITY-ST-ZIP **MIRAMAR FL**

TITLE **AS** ☐ Delete
 NAME **SEEMANN, ERNEST A**
 STREET ADDRESS **1105 CAPE CORAL PKWY E STE C**
 CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE **PD** ☒ Delete
 NAME **GRUN, EMIL**
 STREET ADDRESS **3405 SANTA BARBARA BLVD**
 CITY-ST-ZIP **CAPE CORAL FL 33914**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☒ Change ☐ Addition
 NAME **MICHAEL SCHWABE**
 STREET ADDRESS **3922 SW 136 AVE**
 CITY-ST-ZIP **MIAMI, FL 33175**

TITLE **TD** ☒ Change ☐ Addition
 NAME **GUENTER TEEPE**
 STREET ADDRESS **701 SW 141 AVE, R401**
 CITY-ST-ZIP **PENBRIDGE Pkwy, FL 33027**

TITLE **SD** ☐ Change ☐ Addition
 NAME **HEINRICH VON OETINGER**
 STREET ADDRESS **8148 NW 20th Manor**
 CITY-ST-ZIP **Coral Springs, FL 33071**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **3405 SANTA BARBARA BLVD**
 CITY-ST-ZIP **CAPE CORAL, FL 33914**

TITLE **PD** ☐ Change ☐ Addition
 NAME **HEINRICH VON OETINGER**
 STREET ADDRESS **8148 NW 20th Manor**
 CITY-ST-ZIP **Coral Springs, FL 33071**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/02

Date

**7752
 941-540-1152**

Daytime Phone #

CR2E037 (9/01)