

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90182 038 ****61.25

DOCUMENT # 763177

1. Entity Name

SCHLARAFFIA COSTA AUREA, INC.



Principal Place of Business

**8748 NW 20TH MANOR
CORAL SPRINGS FL 33071
US**

Mailing Address

**3405 SANTA BARBARA BLVD
CAPE CORAL FL 33914
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 **59-2235912**

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

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

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☐ Delete
NAME **SCHWABE, MICHAEL**
STREET ADDRESS **3922 SW 136TH AVENUE**
CITY-ST-ZIP **MIAMI FL 33175**

TITLE **TD** ☐ Delete
NAME **GUENTER, TEEPE**
STREET ADDRESS **701 SW 141ST AVENUE, R401**
CITY-ST-ZIP **PEMBROKE PINES FL 33027**

TITLE **PSD** ☐ Delete
NAME **VON OETINGER, HEINRICH**
STREET ADDRESS **8748 NW 20TH MANOR**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE **AS** ☐ Delete
NAME **SEEMANN, ERNEST A**
STREET ADDRESS **3405 SANTA BARBARA BLVD**
CITY-ST-ZIP **CAPE CORAL FL 33914**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Change ☐ Addition
NAME **GUENTER, TEEPE**
STREET ADDRESS **701 SW 141ST AVE, R401**
CITY-ST-ZIP **PEMBROKE PINES FL 33027**

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

TITLE ☐ Change ☐ Addition
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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:

ERNEST A. SEEMANN 03/17/03 239-540-7752

CR2E037 (10/02)