

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90712 033 \*\*\*150.00

0332941 AV

**DOCUMENT # G59817**



1. Entity Name  
**BAVARIAN INN CORPORATION**

Principal Place of Business  
**4901 TAMiami TRAIL N  
NAPLES FL 34103**

Mailing Address  
**4901 TAMiami TRAIL N  
NAPLES FL 34103  
US**



2. Principal Place of Business  
**960 Winterberry Dr.**  
Suite, Apt. #, etc.

3. Mailing Address  
**960 Winterberry Dr.**  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**Marco Island, FL**

City & State  
**Marco Island, FL**

4. FEI Number **59-2319209**

Applied For  
Not Applicable

Zip  
**34145**

Country  
**US**

Zip  
**34145**

Country  
**US**

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**

~~US INVESTOR SERVICES INC.~~  
~~4901 TAMiami TRAIL N~~  
~~NAPLES FL 34103~~

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>GROSSMAN, RUDOLF</b>	
STREET ADDRESS	<b>4901 TAMiami TRAIL N</b>	
CITY-ST-ZIP	<b>NAPLES FL 34103</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>MERKEL, BETTY</b>	
STREET ADDRESS	<b>4901 TAMiami TRAIL N</b>	
CITY-ST-ZIP	<b>NAPLES FL 34103</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>FILTHAUT, RAINER N</b>	
STREET ADDRESS	<b>4901 TAMiami TRAIL N</b>	
CITY-ST-ZIP	<b>NAPLES FL 34103</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MERKEL, BETTY</b>	
STREET ADDRESS	<b>4901 TAMiami TRAIL N</b>	
CITY-ST-ZIP	<b>NAPLES FL 34103</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>960 Winterberry Drive</b>	
CITY-ST-ZIP	<b>Marco Island, FL 34145</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>960 Winterberry Drive</b>	
CITY-ST-ZIP	<b>Marco Island, FL 34145</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>960 Winterberry Drive</b>	
CITY-ST-ZIP	<b>Marco Island, FL 34145</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Konrad Mayerhofer</b>	
STREET ADDRESS	<b>960 Winterberry Drive</b>	
CITY-ST-ZIP	<b>Marco Island, FL 34145</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Werner Walkersdorfer</b>	
STREET ADDRESS	<b>960 Winterberry Drive</b>	
CITY-ST-ZIP	<b>Marco Island, FL 34145</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 607, 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: **Werner Walkersdorfer** DATE: **03-16-03** 239-394-7233  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/02)