## **2000 UNIFORM BUSINESS REPORT (UBR)**

	MENT # L9600	0000081				FILFT		
1. Entity Name GERMAN AMERICAN INVESTMENTS, L.C.					SECRETARY OF STATE DIVISION OF CORPORATIONS			
						-1 PM12:0		
Principal Place of Business Mailing Address					001[6	-1 PA12: 0	0	
I		21717 HAMMOCK DRIVE BOCA RATON FL 33433						
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Principal Place of Business     3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
					4. FEI Number Applied For			
City & State		City & State		4. FEII	65-0642556		Not Aprilland	
Zip	Country	Zip	Country	5. Cert	ificate of Status Desired	☐ <b>\$5.00</b> A Fee Requi	ired	
	6. Name and Address of Curren	Registered Agent	Name	7. Nam	e and Address of New Re	gistered Agent		
SIEGEL, RONALD L				Street Address (P.O. Box Number is Not Acceptable)				
1800 CORPORATE BOULEVARD NW			Street Ad	dress (P.O. Box I	number is Not Acceptable)			
SUITE 302						7:n O:		
BOCA RATON FL 33431			City			FL Zip Co		
8. The above	e named entity submits this statement t	or the purpose of changing its	registered office or r	egistered agent,	or both, in the State of Flori	da.		
SIGNATURE	Signature, typed or printed name of registered ager	and title if applicable. (NOTE	: Registered Agent signatur	e required when reinsta	ing)	DATE		
		•	OW!!!-FEE.IS \$5 yable to Departm					
9.	/ MANAGING MEMI		10.		ADDITIONS/C	CHANGES Thangs	a Nation	
MAME	MGRM HARTWIG, BRIGETTE H	☐ Delete	TITLE NAME STREET ADDRESS		0			
STREET ADDRESS CITY-ST-ZIP	21717 HAMMOCK TRIVE BOCA RATON FL 33433		CITY-81-ZIP		1			
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TITLE			CITY-81-ZIP				 Dr 🗀 Addition	
NAME			NAME STREET ADDRESS		-200003 -02/04	/ <u>00</u> 01007	008	
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NAME			NAME					
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TITLE		☐ Ociota	TITLE	,		Change	Addition	
NAME STREET ADDRESS	,		NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP				. !	
indicated	certify that the information supplied wi don this report is true and accurate an ability company or the receiver or truste	d that my signature shall have t	he same legal effect eport as required by	t as if made unde / Chapter 608, Fl	er oath: that I am a managir	urther certify that the ag member or mana	e information ger of the	