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

DOCUMENT # N0000001183

Entity Name

EUROPEAN CHAMBER OF COMMERCE OF SOUTHWEST FLORID A, INC.



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

03-17-2003 90077 031 ****61.25

Principal Plac	e of Business	Mailin	g Address						
15272 BRIARCREST CIRCLE FORT MYERS FL 33912			BRIARCREST CIRCLE						
			MYERS FL 33912						
						<u> </u>			
2. Principal Place of Business 3. Mailing Address									
Suite, Apt. #, etc.			ite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
			ty & State		4 CSI Number es	4. FEI Number 65-0996959 Applied For			
City & State			City & State		4. 1 El 140/liber 65-		No	t Applicable	
Zip	Country	Zi	ρ	Country	5. Certificate of Stat		\$8.75 Add Fee Require		
	6. Name and Address of Curre	nt Register	ed Agent	<u> </u>	7. Name and Addre	ss of New Registered A	gent		
				Name					
SHIPP, T	HOMAS E JR.			Street Add	Street Address (P.O. Box Number is Not Acceptable)				
4223 DEL PRADO BLVD									
CAPE CORAL FL 33904							Tin Cod		
				City		FL	Zip Cod	е	
8. The above	named entity submits this statemen	t for the pur	oose of changing its	registered office or re	egistered agent, or both, in th	e State of Florida. I am f	amiliar with,	and accept	
	ions of registered agent.								
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if en	plicable (NOT	E: Registered Agent signature	required when reinstating)	DATE			
<u> </u>	Signature, typed of printed harris or registered ag	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			- T			· - .	
			9. Election Car	mpaign Financing	_ \$5.00 May Be	Make Checi			
	FILE NOW: FEE IS \$61.25		Trust Fund C	Contribution.	Added to Fees	Florida Depar	ment of	State	
	,	DIDECTOR		11.	ADDITIONS/CHANGE	S TO OFFICERS AND DI	RECTORS IN	I 10	
10.	OFFICERS AND	DIRECTOR	Delete	TITLE	ADDITIONO/ONANGE	<u> </u>	☐ Change	Addition	
TITLE NAME	DETHLEFSEN, FRANK U		Delete	NAME					
STREET ADDRESS	15272 BRIARCREST CIRCLE			STREET ADDRESS					
CITY-ST-ZIP	FORT MYERS FL 33912			CITY-ST-ZIP					
TITLE	D		☐ Delete	TITLE			☐ Change	☐ Addition	
NAME	SCHNEIDER-CHRISTIANS, MIC	CHAEL		NAME		•			
STREET ADDRESS	15272 BRIARCREST CIRCLE			STREET ADDRESS CITY-ST-ZIP					
CITY-ST-ZIP	FORT MYERS FL 33912		—	TITLE	والمراجعة والمحمد والأماري المحمد والمراجعة المحمد والمراجعة المحمد والمراجعة المحمد والمراجعة المحمد والمراجعة والمحمد والمحمد والمراجعة والمحمد والمراجعة والمحمد والمراجعة والمحمد والمراجعة والمحمد وا		Change	Addition	
TITLE NAME	D Wittmann, Ingrid		Delete	NAME					
STREET ADDRESS	15272 BRIARCREST CIRCLE			STREET ADDRESS					
CITY-ST-ZIP	FORT MYERS FL 33912			CITY-ST-ZIP					
TITLE	D		☐ Delete	TITLE			☐ Change	Addition	
NAME	WITTMANN, WILHELM J			NAME					
STREET ADDRESS	15272 BRIARCREST CIRCLE			STREET ADDRESS					
CITY-ST-ZIP	FORT MYERS FL 33912			CITY-ST-ZIP		··			
TITLE	D		Delete	TITLE			Change	☐ Addition	
NAME	HEINDL, FRIEDRICH G			NAME STREET ADDRESS					
STREET ADDRESS CITY-ST-ZIP	10612 0111111111111111111111111111111111			CITY-ST-ZIP					
	FORT MYERS FL 33912		□ Delete	TITLE	<u> </u>	· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition	
TITLE NAME			LT Delete	NAME				_	
IAMIN				- 1					
STREET ADDRESS				STREET ADDRESS					
STREET ADDRESS CITY-ST-ZIP				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: JACONE TOUR LANGE OF THE PROPERTY O

3,13,03 239-26757a