

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N06577

1. Entity Name

GERMAN AMERICAN CLUB "FRIENDSHIP" OF BONITA SPRI

FILED

Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90135 023 ****61.25

Principal Place of Business

Mailing Address

% GUNTHER GLASER
199 OAKWOOD DR
NAPLES FL 33942
US

% GUNTHER GLASER
199 OAKWOOD DR
NAPLES FL 34110-1125
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

59-2607715

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

GLASER, GUNTHER
199 OAKWOOD DR
NAPLES FL 33942

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 PD ☐ Delete
NAME KRECH, KARL
STREET ADDRESS 25637 RED BLUSH CIR
CITY-ST-ZIP BONITA SPRINGS FL

TITLE VD ☐ Delete
NAME BECHOLD, ELFRIEDA
STREET ADDRESS 64 4TH ST SW
CITY-ST-ZIP BONITA SPRINGS FL

TITLE TD ☐ Delete
NAME GLASER, GUNTHER
STREET ADDRESS 199 OAKWOOD DR
CITY-ST-ZIP NAPLES FL

TITLE SD ☐ Delete
NAME LINGNER, LORRAINE
STREET ADDRESS 9300 BARON RD
CITY-ST-ZIP BONITA SPRINGS FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☐ Change ☐ Delete
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Günther Glaser REQUIRED Trust.

1/27/2000