

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N06577

1. Entity Name

GERMAN AMERICAN CLUB "FRIENDSHIP" OF BONITA SPRINGS, INC.

Principal Place of Business

% GUNTHER GLASER
199 OAKWOOD DR
NAPLES FL 33942
US

Mailing Address

% GUNTHER GLASER
199 OAKWOOD DR
NAPLES FL 33942
US

2. Principal Place of Business

MATT STEFAN

3. Mailing Address

MATT STEFAN

Suite, Apt. #, etc.

25810 HICKORY BLVD E-501

Suite, Apt. #, etc.

25810 HICKORY BLVD E-501

City & State

BONITA SPRINGS, FL.

City & State

BONITA SPRINGS, FL.

Zip

34134

Country

U.S.A.

Zip

34134

Country

U.S.A.

6. Name and Address of Current Registered Agent

STEFAN, MATT
25810 HICKORY BLVD
SEA SCAPE BLDG. E 501
BONITA SPRINGS FL 34134

7. Name and Address of New Registered Agent

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.

SIGNATURE

Matt Stefan, MATT STEFAN, TREASURER

2.20.2002

Signature, typed or printed name of registered agent and title, applicable.

(NOTE: Registered Agent signature required when reinstalling)

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

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

TITLE T
NAME STEFAN, MATT ☐ Delete
STREET ADDRESS 25810 HICKORY BLVD SEA SCAPE BLDG E 501
CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE VP
NAME STEFAN, BARBARA ☒ Delete
STREET ADDRESS 25810 HICKORY BLVD SEA SCAPE BLDG E 501
CITY-ST-ZIP BONITA SPRINGS FL 34134

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 UNBER, HILDA ☒ Change ☐ Addition
NAME
STREET ADDRESS 544 RETREAT, DR. NO. 203
CITY-ST-ZIP NAPLES, FL. 34110

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

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

TITLE PARZEN, BRIGITTE ☒ Change ☐ Addition
NAME
STREET ADDRESS 83 PALO, CT.
CITY-ST-ZIP FT. MYERS, FL. 33912

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

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:

Matt Stefan, MATT STEFAN

2.20.2002, 941-992-2529

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE