

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

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90115 005 ****61.25

DOCUMENT # N06577

1. Entity Name

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



Principal Place of Business

**MATT STEFAN
25810 HICKORY BLVD E-501
BONITA SPRINGS FL 34134
US**

Mailing Address

**MATT STEFAN
25810 HICKORY BLVD E-501
BONITA SPRINGS FL 34134
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

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

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 *Matt Stefan* **TREASURER**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-22-2003

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PD UNEA, HILDA	<input type="checkbox"/> Delete
STREET ADDRESS	544 RETREAT DR. NO 203	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE NAME	SD LINGNER, LORRAINE	<input type="checkbox"/> Delete
STREET ADDRESS	9300 BARON RD	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE NAME	T STEFAN, MATT	<input type="checkbox"/> Delete
STREET ADDRESS	25810 HICKORY BLVD SEA SCAPE BLDG E 501	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE NAME	VP PARZEN, BRIGITTE	<input type="checkbox"/> Delete
STREET ADDRESS	83 PALO CT.	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	UNGER, HILDA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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* **REQUIRE** **STEFAN**

2-22-2003, 239-692-2529

CR2E037 (10/02)