

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 26, 2002 8:00 am  
Secretary of State

02-26-2002 90141 028 \*\*\*\*61.25

DOCUMENT # N51321

1. Entity Name

G.A.S.C. SCHUETZENVEREIN INC.

Principal Place of Business

2101 SW PINE ISLAND RD  
P O BOX 101135  
CAPE CORAL FL 33910  
US

Mailing Address

~~1224 S.W. 53 TERR  
CAPE CORAL FL 33914  
US~~

00032474

2. Principal Place of Business

3. Mailing Address

PO BOX 101135

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CAPE CORAL FL

Zip

Country

33910

Country

LEE

4. FEI Number

65-0371744

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

BARTLETT, JOAN  
1224 S.W. 53 TERR  
CAPE CORAL FL 33914

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME BARTLETT, JOAN  
STREET ADDRESS 1224 S.W. 53 TERR  
CITY-ST-ZIP CAPE CORAL FL 33914

TITLE ☐ Change ☒ Addition  
NAME DIRECTOR  
Linda Wiedemann  
STREET ADDRESS 309 CAPE CORAL PKWY W. # 205  
CITY-ST-ZIP CAPE CORAL, FL. 33914

TITLE ☐ Delete  
NAME VOGT, KERAL  
STREET ADDRESS 4837 S.W. 23 AVE  
CITY-ST-ZIP CAPE CORAL FL 33914

TITLE ☐ Change ☒ Addition  
NAME DIRECTOR  
ANTJE TREBING  
STREET ADDRESS 12470 PANASOFFKEE DRIVE  
CITY-ST-ZIP N. Ft. MYERS, FL. 33903

TITLE ☐ Delete  
NAME DIERINGER, BILL  
STREET ADDRESS 1953 SE 36TH TERRACE  
CITY-ST-ZIP CAPE CORAL FL 33904

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

TITLE ☐ Delete  
NAME VP  
KRUSE, HARRY  
STREET ADDRESS 126 CULTURAL PARK BLVD. N  
CITY-ST-ZIP CAPE CORAL FL 33909

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

TITLE ☒ Delete  
NAME SCHWICKE, JEANNE  
STREET ADDRESS 4643 FOREST GLEN DR.  
CITY-ST-ZIP FORT MYERS FL 33903

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

TITLE ☐ Delete  
NAME D  
MAETZKE, MARIANNE  
STREET ADDRESS 4509 ORCHID BLVD.  
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE ☐ Change ☒ Addition  
NAME Secretary & Director  
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: Joan M Bartlett JOAN M BARTLETT 1/11/02 941-549-4982  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)