

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

FILED
Apr 30, 2003 8:00 am
Secretary of State
04-30-2003 90043 049 ****61.25

0050819

DOCUMENT # N51321

1. Entity Name

G.A.S.C. SCHUETZENVEREIN INC.



Principal Place of Business

**2101 SW PINE ISLAND RD
P O BOX 1139
CAPE CORAL FL 33910
US**

Mailing Address

**P O BOX 101135
CAPE CORAL FL 33910
US**

11026902



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 **65-0371744**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **ANNA THEURETZBACHER**
Street Address (P.O. Box Number is Not Acceptable)
1118 SW 48TH TERR. #202
City **CAPE CORAL** FL **33914**

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

Anna Theuretzbacher

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

(NOTE: Registered Agent signature required when reinstating)

4/27/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BARTLETT, JOAN	
STREET ADDRESS	1224 S.W. 53 TERR	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VOGT, KERAL	
STREET ADDRESS	4837 S.W. 23 AVE	
CITY-ST-ZIP	CAPE CORAL-FL 33914	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	DIERINGER, BILL	
STREET ADDRESS	1953 SE 36TH TERRACE	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KRUSE, HARRY	
STREET ADDRESS	126 CULTURAL PARK BLVD. N	
CITY-ST-ZIP	CAPE CORAL FL 33909	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WIEDEMANN, LINDA	
STREET ADDRESS	309 CAPE CORAL PKWY W #205	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MAETZKE, MARIANNE	
STREET ADDRESS	4509 ORCHID BLVD.	
CITY-ST-ZIP	CAPE CORAL FL 33904	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THEURETZBACHER ANNA	
STREET ADDRESS	1118 SW 48TH TERR. #202	
CITY-ST-ZIP	CAPE CORAL, FL 33914	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRYGGER FLEMING	
STREET ADDRESS	4515 SW 5TH PL	
CITY-ST-ZIP	CAPE CORAL, FL 33914	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AREBING ANTJE	
STREET ADDRESS	12740 PANASOFFKE DR	
CITY-ST-ZIP	N.FT. MYERS, FL 33903	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRUSE HARRY	
STREET ADDRESS	126 CULTURAL PARK BLVD. N	
CITY-ST-ZIP	CAPE CORAL, FL 33909	
TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAETZKE MARIANNE	
STREET ADDRESS	4509 ORCHID BOULEVARD	
CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHULTZ CHRISTEL	
STREET ADDRESS	115 SW 5TH STREET	
CITY-ST-ZIP	CAPE CORAL, FL 33914	

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:

Anna Theuretzbacher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/03

239-549-8090

DATE

Daytime Phone #

CR2E037 (10/02)