

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000748

1. Entity Name

HEARTLAND GERMAN-AMERICAN SOCIETY, INC.

Principal Place of Business

2162 ROXBURY ROAD
AVON PARK FL 33825

Mailing Address

2162 ROXBURY ROAD
AVON PARK FL 33825

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

65-0382921

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

SESMAN, MARIA
2162 ROXBURY ROAD
AVON PARK FL 33825

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 MARIA SESMAN

Maria Sisman

3-5-01

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 P
NAME SESMAN, MARIA
STREET ADDRESS 2162 ROXBURY RD
CITY-ST-ZIP AVON PARK FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VP
NAME LEHMANN, LEON
STREET ADDRESS 516 LEXINGTON DR
CITY-ST-ZIP SEBRING FL 33870

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE S
NAME SCHUMACHER, JOHN
STREET ADDRESS 3232 MAYFAIR AVE
CITY-ST-ZIP SEBRING FL 33870

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME GERHART, ANDREW
STREET ADDRESS 7724 GRANDA RD
CITY-ST-ZIP SEBRING FL 33870

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME HISAM, ERNEST
STREET ADDRESS 101 THRUSH AVE
CITY-ST-ZIP SEBRING FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME WELZ, OSCAR
STREET ADDRESS 28 LIANE RD W
CITY-ST-ZIP LAKE PLACID FL 33852

☒ Delete

TITLE D
NAME Ellen Welz
STREET ADDRESS 28 Liane Rd.W.
CITY-ST-ZIP Lake Placid, FL 33852

☒ Change ☐ Addition

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: Maria Sisman SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-01

Date

863-453-3887

Daytime Phone #

CR2E037 (10/00)