

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

0081833

03-29-2002 91422 014 \*\*\*\*61.25

**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 &amp; State

City &amp; 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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	SESMAN, MARIA	2162 ROXBURY RD	AVON PARK FL	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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VP	LEHMANN, LEON	516 LEXINGTON DR	SEBRING FL 33870	<input type="checkbox"/> Delete
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				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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S	SCHUMACHER, JOHN	3232 MAYFAIR AVE	SEBRING FL 33870	<input type="checkbox"/> Delete
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				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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D	GERHART, ANDREW	7724 GRANDA RD	SEBRING FL 33870	<input type="checkbox"/> Delete
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				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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D	HISAM, ERNEST	101 THRUSH AVE	SEBRING FL	<input type="checkbox"/> Delete
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				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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D	WELZ, ELLEN	28 LIANE RD. W.	LAKE PLACID FL 33852	<input type="checkbox"/> Delete
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				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-02

863-453-3887

Date

Daytime Phone #

CR2E037 (9/01)