

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2002 8:00 am**  
**Secretary of State**

03-06-2002 90035 005 \*\*\*\*61.25

**DOCUMENT # N92000000927**

1. Entity Name

**OSCEOLA GERMAN/AMERICAN CLUB, INC.**

Principal Place of Business

Mailing Address

**1828 EDISON DRIVE  
 ST. CLOUD FL 34771  
 US**

**PO BOX 702127  
 ST. CLOUD FL 34772**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**1828 Edison Drive**

**P.O. Box 702127**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**St. Cloud, FL**

**St. Cloud, FL**

City & State

City & State

**34771**

**34770**

Zip

Country

Zip

Country

**Osceola**

4. FEI Number

**59-3179887**

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

**THEOBALD, KARL HEINZ  
 1828 EDISON DR  
 ST. CLOUD FL 34771**

Name

**Karl Heinz Theobald**

Street Address (P.O. Box Number is Not Acceptable)

**1828 Edison Drive**

City

**Saint Cloud, FL**

**FL**

Zip Code  
**34771**

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 **Karl Heinz Theobald, President**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**02-16-02**

**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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>THEOBALD, KARL HEINZ</b>	
STREET ADDRESS	<b>1828 EDISON DR</b>	
CITY-ST-ZIP	<b>ST. CLOUD FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>CUSHING, JERRY</b>	
STREET ADDRESS	<b>2395 WINDWARD COVE</b>	
CITY-ST-ZIP	<b>KISSIMMEE-FL 34746</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>SCHMITZ, HILDA</b>	
STREET ADDRESS	<b>1015 MONROE AVE</b>	
CITY-ST-ZIP	<b>ST. CLOUD FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>HERBERT, SOLMS</b>	
STREET ADDRESS	<b>2690 CYPRESS LN</b>	
CITY-ST-ZIP	<b>KISSIMMEE FL 34746</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MILLER, TOM</b>	
STREET ADDRESS	<b>542 REBECCA DRIVE</b>	
CITY-ST-ZIP	<b>SAINT CLOUD FL 34769</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GILBERT, JESSE</b>	
STREET ADDRESS	<b>655 MADRID DR.</b>	
CITY-ST-ZIP	<b>KISSIMMEE FL 34758</b>	

TITLE	<b>P</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Theobald Karl Heinz</b>	
STREET ADDRESS	<b>1828 Edison Drive</b>	
CITY-ST-ZIP	<b>St. Cloud, FL 34771</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Cushing Jerry</b>	
STREET ADDRESS	<b>2395 Windward Cove</b>	
CITY-ST-ZIP	<b>Kissimmee, FL 34746</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Schmitz Hilda</b>	
STREET ADDRESS	<b>1015 Monroe Avenue</b>	
CITY-ST-ZIP	<b>St. Cloud, FL 34769</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Herbert Solms</b>	
STREET ADDRESS	<b>1392 Sierra Circle</b>	
CITY-ST-ZIP	<b>Kissimmee, FL 34744</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Richard Paty</b>	
STREET ADDRESS	<b>95 W. Cedarwood Circle</b>	
CITY-ST-ZIP	<b>Kissimmee, FL 34744</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Andy Urban</b>	
STREET ADDRESS	<b>2010 Runninghorse Trail</b>	
CITY-ST-ZIP	<b>St. Cloud, FL 34771</b>	

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:

**HILDA SCHMITZ**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2-19-02- 407-892-9011**

CR2E037 (9/01)