

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004269

1. Entity Name

GERMAN AMERICAN COMMERCE COUNCIL OF CENTRAL FLOR

FILED

Feb 15, 2001 8:00 am  
Secretary of State

02-15-2001 90008 038 \*\*\*\*61.25

Principal Place of Business

Mailing Address

P.O. BOX 560342  
ORLANDO FL 32856

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ORLANDO FL 32856

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

59-3202761

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

FLORIDA CORPORATE SUPPORT, INC.  
200 E. ROBINSON STREET  
SUITE 500  
ORLANDO FL 32801

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
	PD			
	THIER, CHRISTIAN	7486 LAKE MARSHA DRIVE	ORLANDO FL	
	V			
	DUEY, SARA	125 TECHNOLOGY PARK	LAKE MARY FL	
	T			
	BALDWIN, TODD	6418 HIDDENDALE AVENUE	ORLANDO FL	
	S			
	ROLI, MARTINA	758 WHIPPOORWILL DRIVE	ORLANDO FL	
	D			
	WIST, PETER	7616 SOUTHLAND BLVD., #100	ORLANDO FL	
	D			
	HENDRY, ROBERT	200 E. ROBINSON STREET, STE. 500	ORLANDO FL	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/13/01 407 363-0890

CR2E037 (10/00)