

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005068

1. Entity Name

GERMAN AMERICAN SOCIAL CLUB OF NEW PORT RICHEY,

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90007 028 ****61.25

Principal Place of Business

Mailing Address

3852 PRIME PL
COLONIAL HILLS CIVIC
NEW PORT RICHEY FL 34652
US

4224 AVANTI CIRCLE
NEW PORT RICHEY FL 34655-1766

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3473726

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SCHLEIDT, CHRISTOPHER E
4224 AVANTI CIRCLE
NEW PORT RICHEY FL 34655

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 PD ☐ Delete
NAME SCHLEIDT, CHRISTOPHER E
STREET ADDRESS 4224 AVANTI CIRCLE
CITY-ST-ZIP NEW PORT RICHEY FL 34655-1766

TITLE TD ☒ Change ☐ Addition
NAME McKNIGHT, HOWARD
STREET ADDRESS 3847 THORNBUSH LANE
CITY-ST-ZIP NEW PORT RICHEY FL 34654

TITLE VPD ☐ Delete
NAME SUNKIMAT, EDITH M
STREET ADDRESS 4224 AVANTI CIRCLE
CITY-ST-ZIP NEW PORT RICHEY FL 34655-1766

TITLE SD ☐ Change ☒ Addition
NAME GOETZ, ELEANOR
STREET ADDRESS 7001 PIN CHERRY LANE
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE VPD ☐ Delete
NAME WATZINGER, LUDWIG
STREET ADDRESS 8303 VALLEY STREAM LANE
CITY-ST-ZIP BAYONET POINT FL 34667

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☒ Delete
NAME MASEL, HERBERT
STREET ADDRESS 3847 THORNBUSH LANE
CITY-ST-ZIP NEW PORT RICHEY FL 34655

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME AKMANS, ANNEMARIE
STREET ADDRESS 5587 SEAFORST DR C-125
CITY-ST-ZIP NEW PORT RICHEY FL 34652

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☒ Delete
NAME MCKNIGHT, HOWARD
STREET ADDRESS 3847 THORNBUSH LANE
CITY-ST-ZIP NEW PORT RICHEY FL 34655

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Christopher E. Schleidt *Christopher E. Schleidt* 3/2/00 (727) 375-5701

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)