

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90099 013 ****61.25

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DOCUMENT # N97000005068

1. Entity Name

GERMAN AMERICAN SOCIAL CLUB OF NEW PORT RICHEY,

Principal Place of Business

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

Mailing Address

~~4224 AVANTI CIRCLE~~
~~NEW PORT RICHEY FL 34655-1766~~
34 DEER TRAIL COURT
SAFETY HARBOR FL 34690

2. Principal Place of Business

3. Mailing Address

34 DEER TRAIL COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Safety Harbor, FL

4. FEI Number

59-3473726

Applied For

Not Applicable

Zip

Country

Zip

Country

34690

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **Ziarno, Siegfried K**
 Street Address (P.O. Box Number is Not Acceptable)
34 Deer Trail Court
 City **Safety Harbor** **FL** Zip Code **34690-4638**

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 *Siegfried K Ziarno*

Siegfried K Ziarno

1/17/01

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	PD	<input checked="" type="checkbox"/> Delete
NAME	SCHLEIDT, CHRISTOPHER E	
STREET ADDRESS	4224 AVANTI CIRCLE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655-1766	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	SUNKIMAT, EDITH M	
STREET ADDRESS	4224 AVANTI CIRCLE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655-1766	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	WATZINGER, LUDWIG	
STREET ADDRESS	8303 VALLEY STREAM LANE	
CITY-ST-ZIP	BAYONET POINT FL 34667	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GOETZ, ELEANOR	
STREET ADDRESS	7001 PIN CHERRY LN	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE	SD	<input type="checkbox"/> Delete
NAME	AKMANS, ANNEMARIE	
STREET ADDRESS	5567 SEAFORREST DR C-125	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MCKNIGHT, HOWARD	
STREET ADDRESS	3847 THORNBUSH LANE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ziarno, Siegfried K	
STREET ADDRESS	34 Deer Trail Court	
CITY-ST-ZIP	Safety Harbor FL 34695-4638	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tatro, Wayne	
STREET ADDRESS	1646 Cockleshell	
CITY-ST-ZIP	Holiday FL 34690-6638	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Siegfried K Ziarno*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/01

Date

1-727-669-8314

Daytime Phone #

CR2E037 (10/00)