

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90016 047 ****61.25

DOCUMENT # N97000005068

1. Entity Name

GERMAN AMERICAN SOCIAL CLUB OF NEW PORT RICHEY, INC.

Principal Place of Business

Mailing Address

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

**34 DEER TRAIL COURT
 SAFETY HARBOR FL 34690**

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

59-3473726

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

**Siegfried
 ZIARNO, SIEGFRED K
 34 DEER TRAIL COURT
 SAFETY HARBOR FL 34690**

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 Siegfried** ☐ Delete
 NAME **ZIARNO, SIEGFRED K**
 STREET ADDRESS **34 DEER TRAIL COURT**
 CITY-ST-ZIP **SAFETY HARBOR FL 34695-4638**

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

TITLE **VPD Tetro** ☐ Delete
 NAME **DAIR, WAYNE**
 STREET ADDRESS **1646 COCKLESHELL**
 CITY-ST-ZIP **HOLIDAY FL 34690-6628**

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

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 **SD** ☐ Delete
 NAME **GOETZ, ELEANOR**
 STREET ADDRESS **7001 PIN CHERRY LN**
 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 **5567 SEAFORREST DR C-125**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

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

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

TITLE ☒ Change ☐ Addition
 NAME **TD Edward Muller**
 STREET ADDRESS **4802 Portland Manor Dr.**
 CITY-ST-ZIP **New Port Richey 34655**

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 1/11/02 727-669-8314

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)