

FILE NOW: FILING FEE IS \$61.25

FILED

May 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N97000006100 (8)**

1. Corporation Name

**GERMAN-AMERICAN BUSINESS COUNCIL OF TAMPA BAY, I  
NC.**

Principal Place of Business

Mailing Address

**4830 W. KENNEDY BLVD., SUITE 750  
TAMPA FL 33609**

**4830 W. KENNEDY BLVD., SUITE 750  
TAMPA FL 33609**

3. Date Incorporated or Qualified

**10/15/1997**

4. FEI Number

**59-3479089**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**McFARLAND, JOSEPH B  
4830 W. KENNEDY BLVD., SUITE 750  
TAMPA FL 33609**

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD  
HAUSER, BARBARA**  
STREET ADDRESS **2042 DIAMOND CT.**  
CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE ☐ DELETE

NAME **D  
BIERLEY, JOHN C**  
STREET ADDRESS **5414 LYKES LANE**  
CITY-ST-ZIP **TAMPA FL 33611**

TITLE ☒ DELETE

NAME **D  
BUSANSKY, PHYLLIS**  
STREET ADDRESS **3811 SCHESSLER DR.**  
CITY-ST-ZIP **TAMPA FL 33618**

TITLE ☐ DELETE

NAME **D  
ELBE, GEORGE A**  
STREET ADDRESS **12912 HICKORYWOOD LANE**  
CITY-ST-ZIP **LARGO FL 34644**

TITLE ☐ DELETE

NAME **D  
FLYNN, WILLIAM J III**  
STREET ADDRESS **2534 ANDERSON DR. W.**  
CITY-ST-ZIP **CLEARWATER FL 34621**

TITLE ☐ DELETE

NAME **VD  
LANGER, PETER**  
STREET ADDRESS **334 E. LAKE RD. #288**  
CITY-ST-ZIP **PALM HARBOR FL 34685**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**Treasurer  
John Davidson  
2032 Bayshore Blvd.  
Dunedin, FL 34698**

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE **Barbara Hauser** 2/12/98 813-902 0066

CR2E037 (10/97)