

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90124 024 ****61.25

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1. Corporation Name

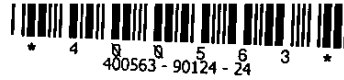
GERMAN-AMERICAN BUSINESS COUNCIL OF TAMPA BAY, I
NC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified
10/15/1997

4. FEI Number
59-3479089

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

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

TITLE T
NAME DAVIDSON, JOHN
STREET ADDRESS 2032 BAYSHORE BLVD
CITY-ST-ZIP DUNNEDIN FL 34698

TITLE D V
NAME ELDE, GEORGE A
STREET ADDRESS 12912 HICKORYWOOD LANE
CITY-ST-ZIP LARGO FL 34644

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

TITLE MD
NAME 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 HAUSER
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 V P
4.3 STREET ADDRESS JOSEPH B. McFARLAND
4.4 CITY-ST-ZIP 2311 MORRISON AVE. UNIT 7
TAMPA FL 33629

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 D
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Barbara Hauser
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/99 (787) 524-4803
Date Daytime Phone #

CR2E037 (11/98)