

2001 UNIFORM BUSINESS REPORT (UBR)

1/16/01-1

FILED
Feb 08, 2001 8:00 am
Secretary of State

01-16-2001 90048 046 ***150.00

DOCUMENT # P00000037222

1. Entity Name
BAVARIAN INN PROPERTIES MANAGEMENT, INC.

Principal Place of Business
4901 TAMiami TRAIL N.
NAPLES FL 34103

Mailing Address
4901 TAMiami TRAIL N.
NAPLES FL 34103

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

59-3637596

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

U.S. INVESTOR SERVICES, INC.
4901 TAMiami TRAIL NORTH
NAPLES FL 34103-3010

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 reissuing)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	☐ Delete
NAME	GROSSMANN, RUDOLF	
STREET ADDRESS	776 ORCHID COURT	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	VD	☐ Delete
NAME	GROSSMANN, HILE	
STREET ADDRESS	776 ORCHID COURT	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	VSD	☐ Delete
NAME	MERKEL, BETTY	
STREET ADDRESS	1381 CAXAMBAS COURT	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	VD	☐ Delete
NAME	WOLKENSCHORFER, WERNER	
STREET ADDRESS	1381 CAXAMBAS COURT	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	VD	☐ Delete
NAME	MAYERHOFER, KONRAD	
STREET ADDRESS	295 WATERSIDE CIRCLE	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	D	☒ Delete
NAME	MAYERHOFER, HEIDI	
STREET ADDRESS	295 WATERSIDE CIRCLE	
CITY-ST-ZIP	MARCO ISLAND FL 34145	

TITLE	D	☐ Change ☒ Addition
NAME	Filthaut, Rainer N.	
STREET ADDRESS	4901 Tamiami Trail North	
CITY-ST-ZIP	Naples, FL 34103	
TITLE	VD	☒ Change ☐ Addition
NAME	Grossmann, Hile	
STREET ADDRESS	4901 Tamiami Trail North	
CITY-ST-ZIP	Naples, FL 34103	
TITLE	VSD	☒ Change ☐ Addition
NAME	Merkel, Betty	
STREET ADDRESS	4901 Tamiami Trail North	
CITY-ST-ZIP	Naples, FL 34103	
TITLE	VD	☒ Change ☐ Addition
NAME	Wolkensdorfer, Werner	
STREET ADDRESS	4901 Tamiami Trail North	
CITY-ST-ZIP	Naples, FL 34103	
TITLE	VD	☒ Change ☐ Addition
NAME	Mayerhofer, Konrad	
STREET ADDRESS	4901 Tamiami Trail North	
CITY-ST-ZIP	Naples, FL 34103	
TITLE	PD	☒ Change ☐ Addition
NAME	Grossmann, Rudolf	
STREET ADDRESS	4901 Tamiami Trail North	
CITY-ST-ZIP	Naples, FL 34103	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-9-01

Date

941-213-4000

Daytime Phone #

CR2E034 (10/00)