

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2002 8:00 am**  
**Secretary of State**

01-21-2002 90049 023 \*\*\*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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

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, 2002 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	GROSSMANN, RUDOLF	
STREET ADDRESS	776 ORCHID COURT	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GROSSMANN, HILE	
STREET ADDRESS	776 ORCHID COURT	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	MERKEL, BETTY	
STREET ADDRESS	1361 CAXAMBAS COURT	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WOLKENDORFER, WERNER	
STREET ADDRESS	1361 CAXAMBAS COURT	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MAYERHOFER, KONRAD	
STREET ADDRESS	295 WATERSIDE CIRCLE	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MAYERHOFER, HEIDI	
STREET ADDRESS	295 WATERSIDE CIRCLE	
CITY-ST-ZIP	MARCO ISLAND FL 34145	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rainer N. Frithaut	
STREET ADDRESS	4901 Tamiami Trail North	
CITY-ST-ZIP	Naples, FL 34103	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-02 941-213-4000

Date

Daytime Phone #

CR2E034 (9/01)