2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000009380

1. Entity Name

GERMAN AMERICAN TRAVEL SERVICE, INC.

FILED
01 FEB -7 AM 10: 55
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2886 D RINGLING BLVD. SARASOTA, FL. 34237 US	2886 D RINGLING BLVD. SARASOTA, FL. 34237 US

2. Principal Place of Business: 247 SPIRIT LAKE RD. WEST	3. Mailing Address: 247 SPIRIT LAKE RD. WEST
Suite, Apt. #, etc.: SUITE 3	Suite, Apt. #, etc.: SUITE 3
City & State: WINTER HAVEN, FL.	City & State: WINTER HAVEN, FL.
Zip: 33880 Country: POLK	Zip: 33880 Country: POLK

4. FEI Number 65-0394330 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

Starkmann, RAlf Dieter
2015 8th Terr. SE
Winter Haven, FL 33880

7. Name and Address of New Registered Agent

Name KATE FISHERS
Street Address (P.O. Box Number is Not Acceptable) CHASTANG, FERRELL, SIMS & EISERMAN, L.L.C.
1400 W. FAIRBANKS AVE. SUITE 102
City WINTER PARK FL Zip Code 32789-7171

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 KATE FISHERS Kate Fishers 1/22/01
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) ☐

[redacted]

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Starkmann, Ralf Dieter 2015 8th Terr. SE ~~Winter Haven, FL 33880~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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: RALF STARKMANN 1-22-01 (863) 295-9162
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #