

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000093562

1. Entity Name

REISE BAEHR-GERMAN TOURIST SERVICES, INC.

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90047 001 ***150.00

Principal Place of Business

Mailing Address

2712 SW 12TH PLACE
CAPE CORAL FL 33914

1505 SE 40TH STREET
SUITE C
CAPE CORAL FL 33904-7913
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

331 Cape Coral Pkwy. West
Suite, Apt. #, etc. Unit B

331 Cape Coral Pkwy West
Suite, Apt. #, etc. Unit B

City & State

City & State

Cape Coral FL

Cape Coral

Zip 33914

Country Lee

Zip 33914

Country Lee

4. FEI Number

65-0737234

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

H.S. BLAIR AND ASSOCIATES
1505 SE 40TH STREET
SUITE C
CAPE CORAL FL 33904

Name

Manfred Baehr
2712 SW 12th Place

City

Cape Coral

FL

Zip Code 33914

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

Manfred Baehr, President

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

(NOTE: Registered Agent signature required when reinstating)

DATE

03-16-2000

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	BAHR, MANFRED	
STREET ADDRESS	2712 SW 12TH PLACE	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAHR, SABINE	
STREET ADDRESS	2712 SW 12TH PLACE	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Manfred Baehr, Pres. 03-16-2000 541-0422

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #