

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90167 032 \*\*\*150.00

**DOCUMENT # P97000095847**

1. Entity Name

**Longbrook Sporting Goods Corp.**

Principal Place of Business

**2209 SW 15TH AVE.  
 CAPE CORAL FL 33991  
 US**

Mailing Address

**2209 SW 15TH AVE.  
 CAPE CORAL FL 33991  
 US**

2. Principal Place of Business

**31 GREENWOOD AVE**

Suite, Apt. #, etc.

3. Mailing Address

**31 GREENWOOD AVE**

Suite, Apt. #, etc.

City & State

**LEHIGH ACRES, FL**

**33936**

**US**

City & State

**LEHIGH ACRES, FL**

**33936**

**US**

4. FEI Number

**65-0794778**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**GOGERTY, JEAN ANN  
 2209 SW 15TH AVE.  
 CAPE CORAL FL 33991**

7. Name and Address of New Registered Agent

Name **BERNHARD MUMMERT**

Street Address (P.O. Box Number is Not Acceptable)

**31 GREENWOOD AVE**

City **LEHIGH ACRES** **FL** **33936**

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

**BERNHARD MUMMERT** 04/11/02

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 **PDST** ☐ Delete  
 NAME **LANGENBACH, KLAUS**  
 STREET ADDRESS **517 COLUMBUS AVE**  
 CITY-ST-ZIP **LEHIGH ACRES FL 33936**

TITLE **V** ☒ Delete  
 NAME **GOGERTY, JEAN ANN**  
 STREET ADDRESS **2209 SW 15TH AVE.**  
 CITY-ST-ZIP **CAPE CORAL FL 33991**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **V** ☐ Change ☒ Addition  
 NAME **BERNHARD MUMMERT**  
 STREET ADDRESS **31 GREENWOOD AVE**  
 CITY-ST-ZIP **LEHIGH ACRES, FL 33936**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

**BERNHARD MUMMERT** 04/11/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)