

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000018219

1. Entity Name

KAMMERGRUBER CORP

**FILED**  
May 04, 2000 8:00 am  
**Secretary of State**

05-04-2000 90097 008 \*\*\*150.00

Principal Place of Business

1505 SE 40 STREET  
CAPE CORAL FL 33904

Mailing Address

1505 SE 40 STREET  
CAPE CORAL FL 33904-7913

2. Principal Place of Business

2600 E. 10th Street  
Suite, Apt. #, etc.

3. Mailing Address

1100 Pondella Road  
Suite, Apt. #, etc.

City & State

Lehigh Acres, FL

Zip Country  
33992 U.S.A.

City & State

North Fort Myers, FL

Zip Country  
33903 U.S.A.

4. FEI Number

65-0816091

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

H. S. BLAIR & ASSOCIATES, INC.  
1505 SE 40TH STREET, SUITE C  
CORAL GABLES FL 33904

7. Name and Address of New Registered Agent

Name

Pennylynn A. Trealout, CPA

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

1100 Pondella Road, Unit # 514

City

North Fort Myers

FL

Zip Code

33903

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

Pennylynn A. Trealout, CPA

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-20-00

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

TITLE PSTD ☒ Delete  
NAME LAROCCA, ROBERT J  
STREET ADDRESS 1505 SE 40 STREET  
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE D ☒ Delete  
NAME LAROCCA, SILVANA  
STREET ADDRESS 1505 SE 40 STREET, STE. C  
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE PSTD ☐ Delete  
NAME Gottfried Kammergruber  
STREET ADDRESS 2600 E 10th Street  
CITY-ST-ZIP Lehigh Acres FL 33972

TITLE ☒ ☐ Delete  
NAME Brigitte Walbrun-Kammergruber  
STREET ADDRESS 2600 E 10th Street  
CITY-ST-ZIP Lehigh Acres FL 33972

TITLE ☒ ☐ Delete  
NAME Michael Kammergruber  
STREET ADDRESS 2600 E 10th Street  
CITY-ST-ZIP Lehigh Acres FL 33972

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

TITLE PSTD ☒ Change ☒ Addition  
NAME Gottfried Kammergruber  
STREET ADDRESS 2600 E. 10th Street  
CITY-ST-ZIP Lehigh Acres, FL 33972

TITLE ☒ Change ☒ Addition  
NAME Brigitte Walbrun-Kammergruber  
STREET ADDRESS 2600 E. 10th Street  
CITY-ST-ZIP Lehigh Acres, FL 33972

TITLE ☒ Change ☒ Addition  
NAME Michael Kammergruber  
STREET ADDRESS 2600 E. 10th Street  
CITY-ST-ZIP Lehigh Acres, FL 33972

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)