

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000045554**

1. Entity Name

ROTUNDA PEBBLE BEACH, INC.**FILED**
May 10, 2000 8:00 am
Secretary of State

03-22-2000 90045 050 ***150.00

Principal Place of Business

Mailing Address

1105 CAPE CORAL PARKWAY EAST
SUITE C
CAPE CORAL FL 339041105 CAPE CORAL PARKWAY EAST
SUITE C
CAPE CORAL FL 33904-9175

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

SEEMANN, ERNEST A
1105 CAPE CORAL PARKWAY EAST
SUITE C
CAPE CORAL FL 33904Name **CHRISTINE F. WRIGHT, ESQ**
Street Address (P.O. Box Number is Not Acceptable)
1105 CAPE CORAL PKWY E.
SUITE C
City **CAPE CORAL** FL Zip Code **33904**

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 state 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 WITH FEE IS \$150.00****After MAY 1, 2000 Fee will be \$550.00**
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D**
NAME **WERNER, ULRICH**
STREET ADDRESS **ROSENTHALERSTR.9/42, D-13127**
CITY-ST-ZIP **BERLIN, GERMANY OC** ☐ DeleteTITLE **D**
NAME **THORMANN, UWE**
STREET ADDRESS **WEG3, NR.57, D-12459**
CITY-ST-ZIP **BERLIN, GERMANY OC** ☐ DeleteTITLE **D**
NAME **GREGOR, STEFAN**
STREET ADDRESS **ACHTERMAN STR., D-13127**
CITY-ST-ZIP **BERLIN, GERMANY OC** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 #