

DOCUMENT # P98000100949

1. Entity Name

WINTER GERMAN STEAKHOUSE, INC.

FILED
Jan 13, 2001 8:00 am
Secretary of State

01-13-2001 90060 017 ***150.00

Principal Place of Business

2594 MAGUIRE ROAD
 #201
 OCOEE FL 34761

Mailing Address

1551 OAK HILL TRAIL
 KISSIMMEE FL 34747

NEW



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1126 English Garden Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

WINTER GARDEN

City & State

City & State

FL

Zip

Country

34787

Country

ORANGE

4. FEI Number 59-3545469

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

WINTER, HORST
 2594 MAGUIRE RD
 OCOEE FL 34761

Name

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

City

FL

Zip Code

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 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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	WINTER, HORST	1551 OAK HILL TRAIL	KISSIMMEE FL 34747	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
STD	WINTER, GABI	1551 OAK HILL TRAIL	KISSIMMEE FL 34747	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 (10/00)