

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90154 041 ***150.00

DOCUMENT # P98000100949

1. Entity Name
WINTER GERMAN STEAKHOUSE, INC.

Principal Place of Business

2594 MAGUIRE ROAD
#201
OCOOE FL 34761

Mailing Address

1126 ENGLISH GARDEN LANE
WINTER GARDEN FL 34787

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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
OCOOE 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME PD
STREET ADDRESS WINTER, HORST
CITY-ST-ZIP 1551 OAK HILL TRAIL
KISSIMMEE FL 34747 ☐ Delete

TITLE
NAME PD
STREET ADDRESS WINTER, HORST
CITY-ST-ZIP 1126 English Garden Lane
WINTER GARDEN FL 34787 ☒ Change ☐ Addition

TITLE
NAME STD
STREET ADDRESS WINTER, GABI
CITY-ST-ZIP 1551 OAK HILL TRAIL
KISSIMMEE FL 34747 ☐ Delete

TITLE
NAME STD
STREET ADDRESS WINTER, GABI
CITY-ST-ZIP 1126 English Garden Lane
WINTER GARDEN FL 34787 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

TITLE
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 #

1-19-02 407-877-0003

CR2E034 (9/01)