

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90116 033 ***150.00

DOCUMENT # P98000101107

1. Entity Name
GASTHAUS OF SANIBEL, INC.



Principal Place of Business
MAD HATTER RESTAURANT
6460 SAM CAP ROAD
SANIBEL FL 33957

Mailing Address
323 BAYSHORE DR.
CAPE CORAL FL 33904



2. Principal Place of Business
Mad Hatter Restaurant

3. Mailing Address
Mad Hatter Restaurant

Suite, Apt. #, etc.
6460 Sanibel Captiva Rd.

Suite, Apt. #, etc.
P.O. Box 314-1

City & State
Sanibel, FL

City & State
Sanibel, FL

Zip
33957

Country
USA

Zip
33957

Country
USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0879220**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ROELLKES, HORST
323 BAYSHORE DR.
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent

Name **Lauren Davies**
Street Address (P.O. Box Number is Not Acceptable)
1597 Sandcastle Rd.
City **Sanibel** **FL** **Zip Code** **33957**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Lauren Davies*
Signature, typed or printed name of registered agent and title if applicable.

Lauren Davies
(NOTE: Registered Agent signature required when reinstating)

DATE **3/5/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ **Delete**
NAME **ROELLKES, HORST**
STREET ADDRESS **323 BAYSHORE DR.**
CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE **SD** ☒ **Delete**
NAME **BRODEUR, JUDY K**
STREET ADDRESS **987 SANDCASTLE RD.**
CITY-ST-ZIP **SANIBEL FL 33957**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ **Change** ☒ **Addition**
NAME **Daniel Riedener**
STREET ADDRESS **6460 Sanibel Captiva Rd.**
CITY-ST-ZIP **Sanibel, FL 33957**

TITLE **STD** ☐ **Change** ☒ **Addition**
NAME **marcel Riedener**
STREET ADDRESS **Grundenstr. 31**
CITY-ST-ZIP **Flurlingen, Switzerland 8247**

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Daniel Riedener
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **3/5/03**

DAYTIME PHONE # **239-472-6053**

CR2E034 (10/02)