

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **724575**

1. Entity Name

HANSA CLUB, INC. GERMAN-AMERICAN SOCIETY OF PENS

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90031 006 ****61.25

Principal Place of Business

Mailing Address

4151 STRINGFIELD RD
 PENSACOLA FL 32503
 US

4151 STRINGFIELD RD
 PENSACOLA FL 32503-3425
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7358269

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHANDLER, WILLIAM G.
270 N. STILLMAN ST
PENSACOLA FL 32505

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	TIMPE, URSULA H	
STREET ADDRESS	4151 STRINGFIELD RD	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WATSON, DOROTHEE	
STREET ADDRESS	6550 RAMBLER DR	
CITY-ST-ZIP	PENSACOLA FL 32505	
TITLE	VD	<input type="checkbox"/> Delete
NAME	EDMONDS, HELGA	
STREET ADDRESS	4300 FRANCISCO DR, #24	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	CHANDLER, WILLIAM G.	
STREET ADDRESS	270 N. STILLMAN ST.	
CITY-ST-ZIP	PENSACOLA FL 32505	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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: WILLIAM G. CHANDLER 4.17.2000 1-800-432-9694
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE037 (9/99)