## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 30, 2001 8:00 am Secretary of State **DOCUMENT # 724575** HANSA CLUB, INC. GERMAN-AMERICAN SOCIETY OF PENS 04-30-2001 90378 005 \*\*\*\*61.25 Principal Place of Business Mailing Address 4151 STRINGFIELD RD 4151 STRINGFIELD RD PENSACOLA FL 32503 PENSACOLA FL 32503-3425 HS 2. Principal Place of Business 7806 Coffee Son 3. Mailing Address Still MUN JO N DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 23-7358269 Not Applicable psucola \$8.75 Additional Country Country Zip 5. Certificate of Status Desired 36549 202 Fee Required <u> ઉસ્</u> 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) CHANDLER, WILLIAM G. 270 N. STILLMAN ST PENSACOLA FL 32505 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered dice or registered agent, or both, in the state of Florida. HANDUSR LIAN SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: **Department of State** Trust Fund Contribution. Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ££. Change ☐ Addition PD TITLE 🗖 Delete TITLE Cecda M806 Padlerson Path TIMPE, URSULA H NAME NAME STREET ADDRESS STREET ADDRESS 4151 STRINGFIELD RD 11,00, AL 36549 CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL ☐ Addition Change TITLE 📆 Delete TITLE NAME WATSON, DOROTHEE NAME 6550 RAMBLER DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 32503 CITY-ST-7IP PENSACOLA FL 32505 ☐ Addition ☐ Change VD. TITLE TITLE Delete NAME EDMONDS, HELGA NAME STREET ADDRESS 4300 FRANCISCO DR, #24 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL Change ☐ Addition TITLE **VTD** ☐ Delete CHANDLER, WILLIAM G. NAME NAME STREET ADDRESS STREET ADDRESS 270 N. STILLMAN ST. CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32505 TITLE Change Addition ☐ Delete NAME NAME 1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS 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 appropriate 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

230pro

250-432-9694

Daytime Phone #