

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 838841

1. Entity Name

HAMBURGER INTERNATIONALE RUCKVERSICHERUNG AKTIEN

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90063 035 \*\*\*150.00

Principal Place of Business

3751 MAGUIRE BOULEVARD  
SUITE 151  
ORLANDO FL 32803

Mailing Address

3751 MAGUIRE BOULEVARD  
SUITE 151  
ORLANDO FL 32803-3065

2. Principal Place of Business

3203 Lawton Road

Suite, Apt. #, etc.

Suite 201

City & State

Orlando

Zip

32803

Country

3. Mailing Address

3203 Lawton Road

Suite, Apt. #, etc.

Suite 201

City & State

Orlando

Zip

32803

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1753535

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TOWNER, ANITA L  
3751 MAGUIRE BLVD  
STE 151  
ORLANDO FL 32803

7. Name and Address of New Registered Agent

Name

Kenneth A. Hutchinson

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

3203 Lawton Road

Suite 201

City

Orlando

FL

Zip Code

32803

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

Kenneth A. Hutchinson

KENNETH A. HUTCHINSON

4/25/00

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, 2000 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

TITLE	T	<input type="checkbox"/> Delete
NAME	HUTCHINSON, KENNETH A	
STREET ADDRESS	3751 MAGUIRE BLVD #151	
CITY-ST-ZIP	ORLANDO, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	EILERS, WOLFGANG	
STREET ADDRESS	HALSTENBEKERWEG 96A	
CITY-ST-ZIP	D-25462 RELLINGEN GE	
TITLE	C	<input type="checkbox"/> Delete
NAME	SOLL, REINER	
STREET ADDRESS	HALSTENBEKER WEG96A	
CITY-ST-ZIP	D25462 RELLINGEN GE	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	3203 Lawton Road, Suite 201
CITY-ST-ZIP	Orlando, FL 32803
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

Kenneth A. Hutchinson

4/25/00

407-895-0288

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)