

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State
 02-28-2001 90014 012 ***150.00

DOCUMENT # 838841

1. Entity Name
HAMBURGER INTERNATIONALE RUCKVERSICHERUNG AKTIEN

Principal Place of Business

Mailing Address

**3203 LANTON RD.
 SUITE 201
 ORLANDO FL 32803**

**3203 LANTON RD.
 SUITE 201
 ORLANDO FL 32803**

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 **59-1753535**

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

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

Name

Kenneth A. Hutchinson

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

3203 Lawton Rd

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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Kenneth A. Hutchinson

DATE

2/20/01

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, 2001 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 ☐ Delete
 NAME **T HUTCHINSON, KENNETH A**
 STREET ADDRESS **3751 MAGUIRE BLVD #151**
 CITY-ST-ZIP **ORLANDO, FLA 00000**

TITLE ☐ Change ☒ Addition
 NAME **3203 Lawton Rd, Suite 201**
 STREET ADDRESS **Orlando, FL 32803**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D EILERS, WOLFGANG**
 STREET ADDRESS **HALSTENBEKERWEG 96A**
 CITY-ST-ZIP **D-25462 RELINGEN GE**

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

TITLE ☐ Delete
 NAME **C SOLL, REINER**
 STREET ADDRESS **HALSTENBEKER WEG 96A**
 CITY-ST-ZIP **D25462 RELINGEN GE**

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/01

Date

407-895-0288

Daytime Phone #

CR2E034 (10/00)