

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000001342**

1. Entity Name
HANSEL PLAZA, LTD.



Principal Place of Business
**1516 EAST HILLCREST, SUITE 301
ORLANDO FL 32803**

Mailing Address
**1516 EAST HILLCREST, SUITE 301
ORLANDO FL 32803**

FILED
03 MAR 14 PM 12:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business
718 Garden Plaza

3. Mailing Address
718 Garden Plaza

Suite, Apt. #, etc.

Suite, Apt. #, etc.

n/a

n/a

City & State

City & State

Orlando, Florida

Orlando, Florida

Zip

Zip

Country

Country

32803-4212

USA

32803-4212

USA

DUE BY MAY 1, 2003

4. FEI Number **NOT APPLICABLE**

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

**HANSEL, THOMAS
1516 EAST HILLCREST, SUITE 301
ORLANDO FL 32803**

Name

Hansel, Thomas, W.

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

718 Garden Plaza

City

Orlando,

FL

Zip Code

32803-4212

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 **Thomas W Hansel**

02-26-03

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

DATE

9. Capital Contributions as Shown on record. **\$200.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P99000072553**
NAME **HANSEL PLAZA, INC.**
STREET ADDRESS **1516 EAST HILLCREST, SUITE 301**
CITY-ST-ZIP **ORLANDO FL 32803**

STREET ADDRESS **718 Garden Plaza**
CITY-ST-ZIP **Orlando, Florida 32803-4212**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS **400014098184**
CITY-ST-ZIP **03/14/03--01100--001 **141.25**
03/14/03--01100--001 **141.25

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CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **Thomas W Hansel**

02-26-03

407-895-0324

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)