

2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90123 021 \*\*\*150.00

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DOCUMENT # **H76647**

1. Entity Name  
**EVW REAL ESTATE CORPORATION**

Principal Place of Business

**8100 CHANCELLOR DRIVE  
 SUITE 145  
 ORLANDO FL 32809  
 US**

Mailing Address

**8100 CHANCELLOR DRIVE  
 SUITE 145  
 ORLANDO FL 32809  
 US**

**00041894**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-2593293**

Applied For  
 Not Applicable

5. Certificate of Status Des rec  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SPOON, JAMES M  
 215 N EDLA DR  
 BARNETT PLAZA, STE. 3700  
 ORLANDO FL 32802**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Numbers Not Acceptable)  
 City 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when filing this report)

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 \$650.00  
 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ECKES, PETER</b>	
STREET ADDRESS	<b>6501 NIEDER-OLM, LUDWIG</b>	
CITY-STATE-ZIP	<b>ECKES ALLEE, GERMANY</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ECKES-CHANTRES, HARALD</b>	
STREET ADDRESS	<b>6501 NIEDER-OLM, LUDWIG</b>	
CITY-STATE-ZIP	<b>ECKES ALLEE, GERMANY</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>BROSKA, DIETER</b>	
STREET ADDRESS	<b>6501 NIEDER-OLM, LUDWIG</b>	
CITY-STATE-ZIP	<b>ECKES ALLEE, GERMANY</b>	
TITLE	<b>VST</b>	<input type="checkbox"/> Delete
NAME	<b>SEEFRIED, FERDINAND C</b>	
STREET ADDRESS	<b>4200 NORTHSIDE PKWY SUITE 3</b>	
CITY-STATE-ZIP	<b>ATLANTA GA 30327</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (11)

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information contained 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 empowerers.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Handwritten Signature]*

4/23/01 (404) 233-0204

CR2E034 (10/00)