

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90609 038 \*\*\*\*55.00

**DOCUMENT # L01000018600**

1. Entity Name

**HANSEATIC SPECIALTIES, LLC**

Principal Place of Business

**300 S. ORANGE AVE., STE. 1000  
 ORLANDO FL 32801**

Mailing Address

**P.O. BOX 4956  
 ORLANDO FL 32802**

2. Principal Place of Business

**1307 W. FLETCHER AVE.**  
 Suite, Apt. #, etc.

3. Mailing Address

**1307 W. FLETCHER AVE.**  
 Suite, Apt. #, etc.

City & State

**TAMPA, FL**

City & State

**TAMPA, FL**

Zip

**33612**

Country

**USA**

Zip

**33612**

Country

**USA**

4. FEI Number

**59-3754766**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**HUMPHRIES, J. GREGORY  
 300 S. ORANGE AVE., STE. 1000  
 ORLANDO FL 32801**

7. Name and Address of New Registered Agent

Name **ROBERT B. JOHNSON**

Street Address (P.O. Box Number is Not Acceptable)  
**1307 W. FLETCHER AVE.**

City **TAMPA**

**FL**

Zip Code

**33612**

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

**ROBERT B. JOHNSON SECRETARY**

**MARCH 20, 2002**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00  
 Make Check Payable to Department of State  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGEM** ☐ Delete  
 NAME **ROBERT B. JOHNSON**  
 STREET ADDRESS **1307 W. FLETCHER AVE.**  
 CITY-ST-ZIP **TAMPA, FL 33612**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

**ROBERT B. JOHNSON**

**MARCH 20, 2002 (813) 9621861**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)