

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State
 05-19-2002 90225 039 ***150.00

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 AV

DOCUMENT # P00000094147

1. Entity Name
HANNOVER USA REAL ESTATE CORPORATION

Principal Place of Business
800 N MAGNOLIA AVE STE 1400
ORLANDO FL 32803

Mailing Address
800 N MAGNOLIA AVE STE 1400
ORLANDO FL 32803



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
20 North Orange Ave.

3. Mailing Address
20 North Orange Ave.

Suite, Apt. #, etc.
Suite 704

Suite, Apt. #, etc.
Suite 704

City & State
Orlando, FL

City & State
Orlando, FL

Zip
32801

Country

Zip
32801

Country

4. FEI Number **59-3675241**

Applied For
☐ **Not Applicable**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BRAZIEL, DENNIS D
800 N MAGNOLIA AVE STE 1400
ORLANDO FL 32803

7. Name and Address of New Registered Agent

Name

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

City

FL

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 _____
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, 2002 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	DP	<input type="checkbox"/> Delete
NAME	DECKER, RAINER	
STREET ADDRESS	KARL WEICHERT-ALLEE 57	
CITY-ST-ZIP	HANNOVER GERMANY	
TITLE	DTS	<input type="checkbox"/> Delete
NAME	BRAZIEL, DENNIS D	
STREET ADDRESS	800 N MAGNOLIA AVE	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	AS	<input type="checkbox"/> Delete
NAME	EIKE, SABINE	
STREET ADDRESS	KARL WEICHERT ALLEE-57	
CITY-ST-ZIP	HANNOVER, GERMANY	
TITLE	AT	<input type="checkbox"/> Delete
NAME	WALTERS, D M	
STREET ADDRESS	800 N MAGNOLIA SUITE 1400	
CITY-ST-ZIP	ORLANDO FL 32803	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director & Treasurer	<input checked="" 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	Secretary and Director	<input checked="" 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: *Mallory Walters*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02 *(407) 254-5454*
Date Daytime Phone #

CR2E034 (9/01)