

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000009087

1. Entity Name  
HOLD-THYSSEN USA, INC.

**FILED**  
**Apr 06, 2001 8:00 am**  
**Secretary of State**

04-06-2001 90013 024 \*\*\*150.00

Principal Place of Business

501 S NEW YORK AVE  
WINTER PARK FL 32789  
US

Mailing Address

501 S NEW YORK AVE  
WINTER PARK FL 32789  
US

ABU43160

2. Principal Place of Business  
~~147 West Lyman Avenue~~

3. Mailing Address  
~~147 West Lyman Avenue~~



DO NOT WRITE IN THIS SPACE

City & State  
Winter Park, FL

City & State  
Winter Park, FL

4. FEI Number 59-3358264

Applied For  
Not Applicable

Zip Country  
32789

Zip Country  
32789

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

HOLD, ROBERT P  
501 S NEW YORK AVE  
WINTER PARK FL 32789

Name  
Street Address (P.O. Box Number is Not Acceptable) ~~147 West Lyman Avenue~~ 501 South N.Y. AVE  
City Winter Park, FL Zip Code 32789

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)

3-28-01

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, 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 PD ☐ Delete  
NAME HOLD, ROBERT P  
STREET ADDRESS 501 S. NEW YORK AVE  
CITY-ST-ZIP WINTER PARK FL 32789

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

TITLE STD ☒ Delete  
NAME THYSSEN, PETER  
STREET ADDRESS GUNTHERSTRASSE 21  
CITY-ST-ZIP D80639 MUENCHEN 32803

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

TITLE VD ☒ Delete  
NAME CELLI, JOAN E  
STREET ADDRESS 2404 WEST END AVE, SUITE 202  
CITY-ST-ZIP NASHVILLE TN 37203

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: ROBERT P. HOLD  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-01 407-8760800  
Date Daytime Phone #

CR2E034 (10/00)