

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**  
 05-17-2001 91073 046 \*\*\*150.00

0025315

**DOCUMENT # 256868**

1. Entity Name

**AMREP SOUTHEAST, INC.**

Principal Place of Business

**1406 HAYS ST  
 STE 2  
 TALLAHASSEE FL 32301  
 US**

Mailing Address

**C/O NAT'L CORP. RESERACH. LTD.. INC.  
 1406 HAYS ST. STE 2  
 TALLAHASSEE FL 32301  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**NATIONAL CORPORATE RESEARCH, LTD. INC.  
 1406 HAYS STREET, SUITE 2  
 TALLAHASSEE FL 32301**

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, 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

|                |                                       |  |
|----------------|---------------------------------------|--|
| TITLE          | PD                                    | <input type="checkbox"/> Delete            |
| NAME           | WALL, JAMES                           |  |
| STREET ADDRESS | 333 RIO RANCHO DRIVE, NE              |  |
| CITY-ST-ZIP    | RIO RANCHO NM                         |  |
| TITLE          | VPTD                                  | <input type="checkbox"/> Delete            |
| NAME           | VACHANI, MOHAN                        |  |
| STREET ADDRESS | 641 LEXINGTON AVE., 6TH FL            |  |
| CITY-ST-ZIP    | NEW YORK NY                           |  |
| TITLE          | <del>SC</del>                         | <input checked="" type="checkbox"/> Delete |
| NAME           | <del>SULLIVAN, GARY L</del>           |  |
| STREET ADDRESS | <del>333 RIO RANCHO DRIVE, N.E.</del> |  |
| CITY-ST-ZIP    | <del>RIO RANCHO NM</del>              |  |
| TITLE          | <del>VP</del>                         | <input checked="" type="checkbox"/> Delete |
| NAME           | <del>SCHNEIDER, ARTHUR J.</del>       |  |
| STREET ADDRESS | <del>2300 ECON CIRCLE</del>           |  |
| CITY-ST-ZIP    | <del>ORLANDO FL</del>                 |  |
| TITLE          | <del>D</del>                          | <input checked="" type="checkbox"/> Delete |
| NAME           | <del>BUCHLY, W. DAN</del>             |  |
| STREET ADDRESS | <del>333 RIO RANCHO DRIVE, NE</del>   |  |
| CITY-ST-ZIP    | <del>RIO RANCHO NM</del>              |  |
| TITLE          | VP                                    | <input type="checkbox"/> Delete            |
| NAME           | MITCHELL, WENDY                       |  |
| STREET ADDRESS | 333 RIO RANCHO DRIVE, NE              |  |
| CITY-ST-ZIP    | RIO RANCHO NM                         |  |

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          |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                               |  |
| STREET ADDRESS |                               |  |
| CITY-ST-ZIP    |                               |  |
| TITLE          | S                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Peter M. PIZZA                |  |
| STREET ADDRESS | 641 Lexington Ave., 6th Floor |  |
| CITY-ST-ZIP    | New York, NY 10022            |  |
| 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    |                               |  |
| 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:

*James Wall*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James Wall President 4-30-01 (505) 896-9034  
 Date Daytime/ Home #

CR2E034 (10/00)