

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90112 028 \*\*\*150.00

**C0081073**

DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # 256868</b>			
1. Entity Name <b>AMREP SOUTHEAST, INC.</b>			
Principal Place of Business <b>2300 ECON CIR ORLANDO FL 32817 US</b>		Mailing Address <b>P O BOX 677639 ORLANDO FL 32867-7639 US</b>	
2. Principal Place of Business <b>1406 Hays Street</b>		3. Mailing Address <b>c/o Nat'l Corp. Research, Ltd., Inc., 1406 Hays Street</b>	
Suite, Apt. #, etc. <b>Suite 2</b>		Suite, Apt. #, etc. <b>Suite 2</b>	
City & State <b>Tallahassee, FL</b>		City & State <b>Tallahassee, FL</b>	
Zip <b>32301</b>	Country	Zip <b>32301</b>	Country
6. Name and Address of Current Registered Agent  <b>NATIONAL CORPORATE RESEARCH, LTD. INC. 1406 HAYS STREET, SUITE 2 TALLAHASSEE FL 32301</b>		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 reinstating) DATE _____			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALL, JAMES 333 RIO RANCHO DRIVE, NE RIO RANCHO NM <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MITCHELL, WENDY 333 RIO RANCHO DRIVE, NE RIO RANCHO, NM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD VACHANI, MOHAN 641 LEXINGTON AVE., 6TH FL NEW YORK NY <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SC SULLIVAN, GARY L. 333 RIO RANCHO DRIVE, N.E. RIO RANCHO NM <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHNEIDER, ARTHUR J. 2300 ECON CIRCLE ORLANDO FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUCHLY, W. DAN 333 RIO RANCHO DRIVE, NE RIO RANCHO NM <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <b>Mohan Vachani</b>		Date: <b>4-28-00</b> Daytime Phone #: <b>505 896-9034</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (9/99)