

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 429758

1. Entity Name

AMREP SARATOGA SQUARE HOMES, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90112 026 ***150.00

Principal Place of Business

Mailing Address

2300 ECON CIR
 ORLANDO FL 32817
 US

PO BOX 677639
 ORLANDO FL 32867-7639
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 1406 Hays Street

3. Mailing Address c/o Nat'l Corp.
 Research, Ltd., Inc., 1406 Hays
 Street

Suite, Apt. #, etc.
 Suite 2

Suite, Apt. #, etc.
 Suite 2

City & State
 Tallahassee, FL

City & State
 Tallahassee, FL

4. FEI Number 13-2799732

Applied For
 Not Applicable

Zip
 32301

Country

Zip
 32301

Country

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

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

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, 2000 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
 NAME SCHULTZ, HARVEY W ☐ Delete
 STREET ADDRESS 641 LEXINGTON AVENUE, 6TH FLOOR
 CITY-ST-ZIP NEW YORK NY

TITLE D P
 NAME PIZZA, PETER M. ☐ Change ☒ Addition
 STREET ADDRESS 641 LEXINGTON AVENUE, 6TH FLOOR
 CITY-ST-ZIP NEW YORK, NY

TITLE VDT
 NAME VACHANI, MOHAN ☐ Delete
 STREET ADDRESS 641 LEXINGTON AVE., 6TH FL
 CITY-ST-ZIP NEW YORK NY

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

TITLE D
 NAME WALL, JAMES ☐ Delete
 STREET ADDRESS 333 RIO RANCHO DR NE
 CITY-ST-ZIP RIO RANCHO NM

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

TITLE S
 NAME ASCIUTTO, VALERIE ☐ Delete
 STREET ADDRESS 641 LEXINGTON AVENUE, 6TH FLOOR
 CITY-ST-ZIP NEW YORK NY

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

TITLE VP
 NAME HOLSTEIN, MARTHA ☒ Delete
 STREET ADDRESS 641 LEXINGTON AVE., 6TH FL
 CITY-ST-ZIP NEW YORK NY

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

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 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: *Mohan Vachani*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-00 505 896-9034
 Date Daytime Phone #

CR2E034 (9/99)