2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N24557

1. Entity Name

NATIONAL ASSOCIATION OF RETIRED FEDERAL EMPLOYEE

Principal Place of Business

C/O ALICE HART

Mailing Address

C/O ALICE HART 2815 SE 18TH COURT CAPE CORAL FL 33904 C/O ALICE HART 2815 SE 18TH COURT CAPE CORAL EL 33904-4077

PE CORAL FL 33904 Principal Place of Business Suite, Apt. #, etc. City & State		CAPE CORAL FL 33904-4077		1 200/0001 010 11	RIA DENDE ALENE ALEIE ENAE DEDE DE	ner Brûre arkel bin	iat Ger en e ar e	
		3. Mailing Address	3. Mailing Address		DO NOT WRITE IN THIS SPACE 4. FEI Number 59-2364481 Applied For Not Applicable			
		Suite, Apt. #, eţc.						
		City & State	City & State					
Zip	Country	Zip	Country	5. Certificate of St	atus Desired	\$8.75 Add Fee Required	litional	
6. Name and Address of Current Registered Agent				7. Name and Add	ress of New Registered	Agent		
	•		Name					
HART, ALICE			Street Addr	Street Address (P.O. Box Number is Not Acceptable)				
	18TH COURT RAL FL 33904							
<i>/</i> /(1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			City		Fl	Zip Code	э	
The above	named entity submits this statemen	t for the purpose of changing its	s registered office or reg	gistered agent, or both, in	the state of Florida.			
wei ńiśe								
WEITHE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOT	E: Registered Agent signature re	equired when reinstating)	DATE			
								
	FILE NOW:	9. Election Campaig	n Financing	\$5.00 May Be	Make Ĉheck	Pavable to		
	FEE IS \$61.25	Trust Fund Contrib	· · · ·	Added to Fees	Departmen		,	
		-						
	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANG	ES TO OFFICERS AND D	RECTORS IN	10	
	SD	☐ Delete	TITLE			Change	☐ Addition	
	HART, ALICE		NAME					
. MODDEDS	2815 SE 18TH COURT		STREET ADDRESS					
ST-2IP	CAPE CORAL FL		CITY-ST-ZIP					
	PD	☐ Delete	TITLE			Change	Addition	
	FURROW, ROBERT	•	NAME					
	3041 BRACCI DR		STREET ADDRESS					
ST-ZIP	ST JAMES CITY FL 33956	`	CITY-ST-ZIP	· -				
	I TD	☐ Delete	TITLE			Change	Addition	
	LAVENDER, ROSE		NAME OTRICET ADDRESS					
ST-ZIP	3765 SE 1ST AVE.		STREET ADDRESS CITY-ST-ZIP				•	
	CAPE CORAL FL							
	[☐ Delete	TITLE NAME			☐ Change	Addition	
ADDDEÇÇ			STREET ADDRESS					
ST ZIP			CITY-ST-ZIP					
J. 2.1	 	□ Delete				☐ Change	Addition	
		L.) Delete	TITLE NAME			□ cuange	☐ V00III011	
vuineëëë			STREET ADDRESS					
ST-ZIP			CITY-ST-ZIP					
		Delete	TITLE			☐ Change	Addition	
		□ Delete	NAME			□1 onange		
- ALIDRESS			STREET ADDRESS					

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

CITY-ST-ZIP

MATURE:

SIGNIANICEED HEATHIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/00

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FILED

Feb 21, 2000 8:00 am Secretary of State

02-21-2000 90017 017 ****61.25

Daytime Phone #

CR2E037 (9/99)