

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004323

1. Entity Name

GOVERNMENTAL FACILITIES LEASING CORPORATION

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90315 002 \*\*\*\*61.25

Principal Place of Business

Mailing Address

~~1201 N. TARRAGONA ST.~~  
PENSACOLA FL ~~32501~~

~~P.O. BOX 19452~~  
PENSACOLA FL ~~32501-0452~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 E GARDEN ST.

3. Mailing Address

21 E GARDEN ST.

(Suite) Apt. #, etc.

(Suite) Apt. #, etc.

200

200

City & State

PENSACOLA, FL

City & State

PENSACOLA, FL

Zip

32501

Country

ESCAMBIA

Zip

32501

Country

ESCAMBIA

4. FEI Number

59-3461924

Applied For

Not Applicable

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

FLEMING, FLETCHER  
9TH FL., SEVILLE TOWER  
PENSACOLA FL 32501

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

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Delete
NAME	DUCH, BRETT	
STREET ADDRESS	200 PENSACOLA BEACH BLVD., STE. A-1	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	D	<input type="checkbox"/> Delete
NAME	SUSKO, JOHN P	
STREET ADDRESS	909 GARDENGATE	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	DS	<input type="checkbox"/> Delete
NAME	HUNTER, CECIL T	
STREET ADDRESS	1330 E SCOTT ST	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1200	
STREET ADDRESS	FORT PICKENS ROAD - D-7	
CITY-ST-ZIP	PENSACOLA, Bch. FL 32501	
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		

12. 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.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

26 April 00 850 469889

CR2E037 (9/99)