## 2001 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P96000030547 **GOVERNMENT EMPLOYEES REAL ESTATE COMPANY**

Principal Place of Business

Mailing Address

107 GREENLEAF LANE ALTAMONTE SPRINGS FL 32714 107 GREEN LEAF LN

ALTAMONTE SPRINGS FL 32714

23066

**FILED** 

Jan 25, 2001 8:00 am Secretary of State

01-25-2001 90084 001 \*\*\*450.00

2. Principal P	lace of Business ALTAMONTE DR	3. Mailing Address								
Suite, Apt.	<del>`</del>	Suite, Apt. #, etc.				DO NOT WRITE IN	THIS SPACE			
City & State	ONTESPES. FL	City & State			4. FEI Number	59-3381859			olied For Applicable	
Zip 32	Country	Zip	Country		5. Certificate of S	itatus Desired [	\$8.75 Fee Re			
	6. Name and Address of Current Re	gistered Agent			7. Name and Add	dress of New Regis	tered Agent			
REALE, LAVERN 107 GRENLEAF LANE ALTAMONTE SPRINGS FL 32714			Stre-	Street Address (P.O. Box Number is Not Acceptable) 107 GREEN LEAF LANE					711,	
		<b>#</b>		AMON	TE SPRIM	JUS		Code	,714	
8. The above	named entity submits this statement for th	e purpose of changing its r	egistered offic	e or registered	d agent, or both, ir	the State of Florida				
SIGNATURE.	Signature, typed or printed name of registered agent and	Litle if applicable. (NOTE:	Registered Agent s	gnature required w	hen reinstating)		1 10 C	1_		
9. This corpo	oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Sta		÷ \$550.00	Trust F	n Campaign Financi und Contribution.			May Be to Fees	
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11	OFFICERS AND DIE	RECTORS	12.		ADDITIONS/CHA	ANGES TO OFFICER	RS AND DIREC	TORS	IN 11	
11.	OFFICERS AND DIF		12. TITLE	Ρ		ANGES TO OFFICER			IN 11  Addition	(00)
	P Reale, Lavren	RECTORS	TITLE NAME	PAEA			<b>⊠</b> Chi			(10/00)
TITLE	P REALE, LAVREN 107 GREENLEAF LANE		TITLE				⊠ Chi V∈		☐ Addition	E034 (10/00)
TITLE NAME STREET ADDRESS	P Reale, Lavren		TITLE NAME STREET ADDRE		GREEN LA	NUREN LEAF LAI SPRINGS	VE FL 3	ange 27	☐ Addition	4
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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: \_

SIGNATURE AND TYPED OR F