

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000000608

1. Entity Name

WE REMEMBER, INC.

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90099 019 \*\*\*\*61.25

Principal Place of Business

Mailing Address

PO BOX 10126  
BROOKSVILLE FL 34603-0126

PO BOX 10126  
BROOKSVILLE FL 34603-0126

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-2019876

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALDRON, VERNON E  
10541 NODDY TERN RD  
BROOKSVILLE FL 34613-5319

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 NAME ☐ Delete  
P WALDRON, VERNON E  
STREET ADDRESS 10451 NODDY TERN RD  
CITY-ST-ZIP BROOKSVILLE FL 34613-5319

TITLE NAME ☐ Change ☒ Addition  
V GIENN, KRISTEN  
STREET ADDRESS 517 W. KNEPP AVE.  
CITY-ST-ZIP FULLERTON, CA. 92832

TITLE NAME ☐ Delete  
S WALDRON, CHRISTINE  
STREET ADDRESS 10451 NODDY TERN RD  
CITY-ST-ZIP BROOKSVILLE FL 34613-5319

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete  
T CLARK, RHONDA  
STREET ADDRESS 68 NORTHSIP RD  
CITY-ST-ZIP BALTIMORE MD 21222

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

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

1/16/00

Date

352-596-4465

Daytime Phone #

CR2E037 (9/99)