

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000006195

1. Entity Name

REMMER FAMILY FOUNDATION, INC.

FILED
Feb 25, 2000 8:00 am
Secretary of State

02-25-2000 90012 033 ****61.25

Principal Place of Business

Mailing Address

5000 SAWGRASS VILLAGE CIRCLE, SUITE 2
PONTE VEDRA BEACH FL 32082

5000 SAWGRASS VILLAGE CIRCLE, SUITE 2
PONTE VEDRA BEACH FL 32082



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5000 Sawgrass Village Cir
Suite, Apt. #, etc.

5000 Sawgrass Village Cir
Suite, Apt. #, etc.

Suite 2

Suite 2

City & State
Ponte Vedra Beach FL

City & State
Ponte Vedra Beach, Florida

4. FEI Number

06-1313986

Applied For

Not Applicable

Zip
32082

Country
US

Zip
32082

Country
US

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

RYZEWIC, SUSAN R
5000 SAWGRASS VILLAGE CIRCLE, SUITE 2
PONTE VEDRA BEACH FL 32082

Name

Susan R. Ryzewic

Street Address (P.O. Box Number is Not Acceptable)

5000 Sawgrass Village Cir

Suite 2

City
Ponte Vedra Beach

FL

Zip Code

32082

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

Susan R. Ryzewic

Susan

2/14/00

Signature, typed or printed name of registered agent and, 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 PD
NAME REMMER, PATRICIA C
STREET ADDRESS 19 MEADOW PLACE
CITY-ST-ZIP OLD GREENWICH CT 06870 ☐ Delete

TITLE PD
NAME Remmer, Patricia C
STREET ADDRESS 5000 Sawgrass Village Cir.
CITY-ST-ZIP Suite 2 Ponte Vedra Beach, Florida 32082 ☒ Change ☐ Addition

TITLE SD
NAME REMMER, ELLEN E
STREET ADDRESS 50 ELIOT STREET
CITY-ST-ZIP JAMAICA PLAIN MA 02130 ☐ Delete

TITLE SD
NAME Remmer, Ellen E
STREET ADDRESS 5000 Sawgrass Village Cir
CITY-ST-ZIP Suite 2 Ponte Vedra Beach, Florida 32082 ☐ Change ☐ Addition

TITLE TD
NAME COLE, ANNE R
STREET ADDRESS 5420 BOBBY JONES BOULEVARD
CITY-ST-ZIP BILLINGS MT 59106 ☐ Delete

TITLE TD
NAME Cole, Anne R.
STREET ADDRESS 5000 Sawgrass Village Cir. Suite 2
CITY-ST-ZIP Ponte Vedra Beach, Florida 32082 ☒ Change ☐ Addition

TITLE ASAT
NAME RYZEWIC, SUSAN R
STREET ADDRESS 5000 SAWGRASS VILLAGE CIRCLE, SUITE 2
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 ☐ Delete

TITLE ASAT
NAME Ryzewic, Susan R.
STREET ADDRESS 5000 Sawgrass Village Cir. Suite 2
CITY-ST-ZIP Ponte Vedra Beach, FL 32082 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

Susan R. Ryzewic

Date

Daytime Phone #

CR2E037 (9/99)