

# 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 5000 SAWGRASS VILLAGE CIRCLE, SUITE 2 PONTE VEDRA BEACH FL 32082	Mailing Address 5000 SAWGRASS VILLAGE CIRCLE, SUITE 2 PONTE VEDRA BEACH FL 32082
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5000 Sawgrass Village Cir Suite, Apt. #, etc. Suite 2 City & State Ponte Vedra Beach FL	3. Mailing Address 5000 Sawgrass Village Cir Suite, Apt. #, etc. Suite 2 City & State Ponte Vedra Beach, Florida
Zip 32082 Country US	Zip 32082 Country US

4. FEI Number 06-1313986	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RYZEWIC, SUSAN R 5000 SAWGRASS VILLAGE CIRCLE, SUITE 2 PONTE VEDRA BEACH FL 32082	7. Name and Address of New Registered Agent 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
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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 DATE: 2/14/00

Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REMMER, PATRICIA C 19 MEADOW PLACE OLD GREENWICH CT 06870 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Remmer, Patricia C 5000 Sawgrass Village Cir. Suite 2 Ponte Vedra Beach, Florida 32082 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD REMMER, ELLEN E 50 ELIOT STREET JAMAICA PLAIN MA 02130 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Remmer, Ellen E 5000 Sawgrass Village Cir Suite 2 Ponte Vedra Beach, Florida 32082 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COLE, ANNE R 5420 BOBBY JONES BOULEVARD BILLINGS MT 59106 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Cole, Anne R. 5000 Sawgrass Village Cir. Suite 2 Ponte Vedra Beach, Florida 32082 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASAT RYZEWIC, SUSAN R 5000 SAWGRASS VILLAGE CIRCLE, SUITE 2 PONTE VEDRA BEACH FL 32082 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASAT Ryzewic, Susan R. 5000 Sawgrass Village Cir. Suite 2 Ponte Vedra Beach, FL 32082 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 2/14/00 Daytime Phone #: 904) 885-2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)