

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000006195

1. Entity Name

REMMER FAMILY FOUNDATION, INC.

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

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

06-1313986

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

RYZEWIC, SUSAN R

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

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

Susan R. Ryzewic

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/5/01

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	REMMER, PATRICIA C	
STREET ADDRESS	5000 SAWGRASS VILLAGE CIRCLE STE 2	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	SD	<input type="checkbox"/> Delete
NAME	REMMER, ELLEN E	
STREET ADDRESS	5000 SAWGRASS VILLAGE CIRCLE STE 2	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	TD	<input type="checkbox"/> Delete
NAME	COLE, ANNE R	
STREET ADDRESS	5000 SAWGRASS VILLAGE CIRCLE STE 2	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	ASAT	<input type="checkbox"/> Delete
NAME	RYZEWIC, SUSAN R	
STREET ADDRESS	5000 SAWGRASS VILLAGE CIRCLE, SUITE 2	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
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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:

Susan R. Ryzewic

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90098 034 ****61.25

00004017



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

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