

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 15, 2001 8:00 am**  
**Secretary of State**

02-15-2001 90026 027 \*\*\*\*61.25

**DOCUMENT # N00000007145**

1. Entity Name

**REMBRANDT COMMUNITY DEVELOPMENT CENTER INCORPORA**

Principal Place of Business

4839 E. 99TH AVE.  
 TAMPA FL 33617

Mailing Address

4839 E. 99TH AVE.  
 TAMPA FL 33617

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

59-3679912

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

623223



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**NUNN, STEPHEN A**  
**4839 E. 99TH AVE.**  
**TAMPA FL 33617**

7. Name and Address of New Registered Agent

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

TITLE ☐ Delete  
 NAME **PD**  
 STREET ADDRESS **NUNN, STEPHEN A**  
 CITY-ST-ZIP **4839 E. 99TH AVE.**  
**TAMPA FL 33617**

TITLE ☐ Delete  
 NAME **V**  
 STREET ADDRESS **MASON, GREG**  
 CITY-ST-ZIP **113 OKALOOSA AVE.**  
**TAMPA FL 33604**

TITLE ☐ Delete  
 NAME **SD**  
 STREET ADDRESS **GODDARD, VALERIE**  
 CITY-ST-ZIP **2511 KNOLLWOOD CT.**  
**TAMPA FL 33614**

TITLE ☐ Delete  
 NAME **TD**  
 STREET ADDRESS **LINDSEY, TERYL**  
 CITY-ST-ZIP **7144 E. BANK DR.**  
**TAMPA FL 33610**

TITLE ☒ Delete  
 NAME **D**  
 STREET ADDRESS **COLEMAN, MELVIN**  
 CITY-ST-ZIP **8713 LARKHALL**  
**TAMPA FL 33604**

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **SCOTLAND, FOSTER**  
 CITY-ST-ZIP **5216 MAPLE HILL DR.**  
**TAMPA FL 33617**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☒ Change ☐ Addition  
 NAME **V**  
 STREET ADDRESS **MASON, GREG**  
 CITY-ST-ZIP **1113 OKALOOSA AVE**  
**TAMPA, FL 33604**

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

TITLE ☒ Change ☐ Addition  
 NAME **TD**  
 STREET ADDRESS **LINDSEY, TERYL**  
 CITY-ST-ZIP **7144 E. BANK DR**  
**TAMPA, FL 33617**

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

TITLE ☒ Change ☐ Addition  
 NAME **D**  
 STREET ADDRESS **SCOTLAND, FOSTER**  
 CITY-ST-ZIP **8702 TERRA OAKS RD.**  
**TAMPA, FL 33637**

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-01

Date

(813) 989-2096

Daytime Phone #

CR2E037 (10/00)