

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90041 001 ****61.25

DOCUMENT # N95000000028

1. Entity Name

THE REM FOUNDATION, INC.

Principal Place of Business

Mailing Address

5301 W. CYPRESS
 SUITE 307 202
 TAMPA FL 33607

5301 W. CYPRESS
 SUITE 307 202
 TAMPA FL 33607

00028767



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite 202

Suite, Apt. #, etc.

Suite 202

City & State

City & State

4. FEI Number

59-3282954

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MURRAY, RAYMOND E
 5301 W. CYPRESS
 SUITE 307 202
 TAMPA FL 33607

Name

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

Suite 202

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 ☐ Delete
 NAME D
 STREET ADDRESS MURRAY, RAYMOND E
 CITY-ST-ZIP #5 BRAESIDE PLACE
 CLEARWATER FL 34619

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS ANDREASEN, ALLAN B
 CITY-ST-ZIP 5301 W SYPPRESS ST., SUITE 307 202
 TAMPA FL 33607

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP *Suite 202*

TITLE ☐ Delete
 NAME D
 STREET ADDRESS SALING, GARY
 CITY-ST-ZIP 5301 W CYPRESS ST., SUITE 307 202
 TAMPA FL 33607

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP *Suite 202*

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Raymond E Murray
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-01

813-287-1010

Date Daytime Phone #

CR2E037 (10/00)