5/7

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2002 8:00 am
Secretary of State
05-07-2002 90371 033 ****61.25

DOCUMENT # N95000000028

1. Entity Name

THE REM FOUNDATION, INC.

Principal Place of Business	Mailing Address
5301 W. CYPRESS SUITE 202 TAMPA FL 33607	5301 W. CYPRESS SUITE 202 TAMPA FL 33607

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3282954 — 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
MURRAY, RAYMOND E 5301 W. CYPRESS SUITE 202 TAMPA FL 33607	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MURRAY, RAYMOND E	NAME	
STREET ADDRESS	#5 BRAESIDE PLACE	STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34619	CITY-ST-ZIP	
TITLE	D ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	ANDREASEN, ALLAN B	NAME	
STREET ADDRESS	5301 W CYPRESS ST STE 202	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33607	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SALING, GARY	NAME	
STREET ADDRESS	5301 W CYPRESS ST STE 202	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33607	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	Director ☐ Change ☒ Addition
NAME		NAME	Jaqueline Brubaker
STREET ADDRESS		STREET ADDRESS	5301 W Cypress St #202
CITY-ST-ZIP		CITY-ST-ZIP	Tampa, FL 33607
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E037 (9/01)

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: Gary Saling SIGNATURE REQUIRED Gary Saling 4/10/02 813-287-1010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #