

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2002 8:00 am**  
**Secretary of State**

02-03-2002 90024 015 \*\*\*\*61.25

**DOCUMENT # N98000001691**

1. Entity Name

**DAVIS AND JUDI REMBERT FOUNDATION, INC.**

Principal Place of Business

**13607 N.W. 50 AVENUE  
 GAINESVILLE FL 32606-3562**

Mailing Address

**13607 N.W. 50 AVENUE  
 GAINESVILLE FL 32606-3562**

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 **59-3514303**

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

**REMBERT, DAVIS M JR.  
 13607 N.W. 50 AVENUE  
 GAINESVILLE FL 32606-3562**

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  
 NAME **SAIER, FRANK**  
 STREET ADDRESS **3426 N.W. 43 STREET #B**  
 CITY-ST-ZIP **JACKSONVILLE FL 32224**

TITLE ☒ Change ☐ Addition  
 NAME **4041-B N.W. 37th PLACE**  
 STREET ADDRESS **Gainesville, FLA 32606**  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **PADGETT, DONALD A C.P.A.**  
 STREET ADDRESS **3740 ST. JOHNS BLUFF ROAD #5**  
 CITY-ST-ZIP **JACKSONVILLE FL 32224**

TITLE ☒ Change ☐ Addition  
 NAME **710A Third St.**  
 STREET ADDRESS **Neptune Beach, FLA. 32266**  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **JOHNSON, DAN**  
 STREET ADDRESS **3536 N.W. 8TH AVENUE**  
 CITY-ST-ZIP **GAINESVILLE FL 32605**

TITLE ☒ Change ☐ Addition  
 NAME **4000 N.W. 53rd Ave**  
 STREET ADDRESS **GAINESVILLE, FLORIDA. 32653**  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **HOLLOWAY, SAM**  
 STREET ADDRESS **1405 N.W. 13TH STREET**  
 CITY-ST-ZIP **GAINESVILLE FL 32601**

TITLE ☒ Change ☐ Addition  
 NAME **500 N.W. 43rd St. Suite 3**  
 STREET ADDRESS **Gainesville, FLORIDA. 32607**  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **REMBERT, DAVIS M JR.**  
 STREET ADDRESS **13607 N.W. 50 AVENUE**  
 CITY-ST-ZIP **GAINESVILLE FL 32606-3562**

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

TITLE **D** ☐ Delete  
 NAME **REMBERT, JUDITH C MRS.**  
 STREET ADDRESS **13607 N.W. 50 AVENUE**  
 CITY-ST-ZIP **GAINESVILLE FL 32606-3562**

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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)