

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90169 016 *****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

18630 NW CR 239

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 729

Suite, Apt. #, etc.

City & State

Alachua FLA

City & State

Alachua FL

4. FEI Number **59-3514303**

Applied For

Not Applicable

Zip **32615**

Country **USA**

Zip **32616**

Country **USA**

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **Davis M. Rembert**

Street Address (P.O. Box Number is Not Acceptable)
18630 N.W. CR 239

City **Alachua** FL Zip Code **32616**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **SAIER, FRANK**
STREET ADDRESS **4041-B N.W. 37TH PLACE**
CITY-ST-ZIP **GAINESVILLE FL 32606** ✓

TITLE **D** ☐ Delete
NAME **PADGETT, DONALD A C.P.A.**
STREET ADDRESS **910A THIRD ST**
CITY-ST-ZIP **NEPTUNE BEACH FL 32286**

TITLE **D** ☐ Delete
NAME **JOHNSON, DAN**
STREET ADDRESS **4000 N.W. 53RD AVE**
CITY-ST-ZIP **GAINESVILLE FL 32653**

TITLE **D** ☐ Delete
NAME **HOLLOWAY, SAM**
STREET ADDRESS **500 N.W. 43RD ST SUITE 3**
CITY-ST-ZIP **GAINESVILLE FL 32607**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **18630 N.W. CR 239**
CITY-ST-ZIP **Alachua FL 32615-0**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **18630 N.W. CR 239**
CITY-ST-ZIP **Alachua FL 32615**

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]

CR2E037 (10/02)