

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91646 024 ****61.25

DOCUMENT # 710959

1. Entity Name

DRISCOLL FOUNDATION, INC.

Principal Place of Business

Mailing Address

**3200 SW 116TH AVE
 DAVIE FL 33330
 US**

**PO BOX 820716
 SOUTH FL 33082
 US**

2. Principal Place of Business

12555 Orange Drive

3. Mailing Address

12555 Orange Drive

Suite, Apt. #, etc.

Suite 101

Suite, Apt. #, etc.

Suite 101

City & State

Davie, FL

City & State

Davie, FL

Zip

33330

Country

USA

Zip

33330

Country

USA

4. FEI Number

59-1142501

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MARDER, MICHAEL E
 SOUTH TRUST BANK BUILDING, STE #1100
 135 WEST CENTRAL BLVD
 ORLANDO FL 32801**

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 _____



FEE 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	VP	<input type="checkbox"/> Delete
NAME	GARDNER, FRANK C	
STREET ADDRESS	3701 SW 112 AVE	
CITY-ST-ZIP	DAVIE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DRISCOLL, W JOHN	
STREET ADDRESS	2100 FIRST NATL BK BLDG	
CITY-ST-ZIP	ST PAUL MN	
TITLE	ST	<input type="checkbox"/> Delete
NAME	GEIFER, MICHAEL J.	
STREET ADDRESS	FIRST NATL BANK BLDG	
CITY-ST-ZIP	ST PAUL MN	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DRISCOLL, RUDOLPH W	
STREET ADDRESS	2100 FIRST NATL BK BLDG	
CITY-ST-ZIP	ST PAUL MN	
TITLE	D	<input type="checkbox"/> Delete
NAME	DRISCOLL, JOHN B	
STREET ADDRESS	2100 FIRST NATL BK BLDG	
CITY-ST-ZIP	ST PAUL MN	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Michael J Geifer

Date

4/30/02

Daytime Phone #

651-215-4410

CR2E037 (9/01)