

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2000 8:00 am**  
**Secretary of State**

01-13-2000 90042 046 \*\*\*\*61.25

**DOCUMENT # 760752**

1. Entity Name

**JOHN CARROLL EDUCATIONAL FOUNDATION, INC.**

Principal Place of Business

Mailing Address

311 SOUTH SECOND STREET  
 P. O. BOX 1270  
 FT. PIERCE FL 34954

311 SOUTH SECOND STREET  
 P. O. BOX 1270  
 FT. PIERCE FL 34954-1270

A0003305



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2145702**

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

**GRIFFIN, CHESTER B**  
**311 SOUTH SECOND ST**  
**FT PIERCE FL 34954**

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	VP	<input type="checkbox"/> Delete
NAME	SCOTTO, DOMINICK	
STREET ADDRESS	8600 INDRIO ROAD	
CITY-ST-ZIP	FT. PIERCE FL 34946	
TITLE	D	<input type="checkbox"/> Delete
NAME	RICE, JAMES A	
STREET ADDRESS	2521 NORTH INDIAN RIVER DRIVER	
CITY-ST-ZIP	FT PIERCE FL 34946	
TITLE	D	<input type="checkbox"/> Delete
NAME	DRISCOLL, PAUL	
STREET ADDRESS	PO BOC 1509	
CITY-ST-ZIP	FT PIERCE FL 34954	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUNGEY, RICHARD	
STREET ADDRESS	1100 S FEDERAL HIGHWAY	
CITY-ST-ZIP	STUART FL 34994	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEMLE, DUANE	
STREET ADDRESS	49 N SEWALLS POINT ROAD	
CITY-ST-ZIP	SEWALLS POINT FL 34996	
TITLE	D	<input type="checkbox"/> Delete
NAME	ELAM, JIM	
STREET ADDRESS	111 ORANGE AVENUE, SUITE 300	
CITY-ST-ZIP	FT PIERCE FL 34950	

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRIFFIN, CHESTER B.	
STREET ADDRESS	P O BOX 1270	
CITY-ST-ZIP	FT PIERCE, FL 34954	
TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DRISCOLL, MICHAEL J	
STREET ADDRESS	1920 WREN AVENUE	
CITY-ST-ZIP	FT PIERCE, FL 34982	
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:

*MICHAEL J DRISCOLL*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/00

561-461-6040

Date

Daytime Phone #

CR2E037 (9/99)