

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90208 039 \*\*\*150.00

**DOCUMENT # K58198**

1. Entity Name

**DRISCOLL PROPERTIES, INC.**

Principal Place of Business

Mailing Address

**332 MINNESOTA STREET  
 SUITE 2100  
 ST PAUL MN 55101  
 US**

**332 MINNESOTA STREET  
 SUITE 2100  
 ST PAUL MN 55101-1314  
 US**

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

**41-1630464**

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**

**7. Name and Address of New Registered Agent**

**SOUTH TRUST BANK BUILDING  
 135 WEST CENTRAL BLVD  
 SUITE #1100  
 ORLANDO FL 32801**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00  
 After MAY 1, 2000 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PD	<input type="checkbox"/> Delete
NAME	DRISCOLL, W JOHN	
STREET ADDRESS	2100 FIRST NATL BK BLDG	
CITY-ST-ZIP	ST PAUL MN	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DRISCOLL, WILLIAM L	
STREET ADDRESS	2100 FIRST NATL BK BLDG	
CITY-ST-ZIP	ST PAUL MN	
TITLE	D	<input type="checkbox"/> Delete
NAME	DRISCOLL, RUDOLPH W	
STREET ADDRESS	2100 FIRST NATL BK BLDG	
CITY-ST-ZIP	ST PAUL MN	
TITLE	S	<input type="checkbox"/> Delete
NAME	GIEFER, MICHAEL J	
STREET ADDRESS	2100 FIRST NATL BK BLDG	
CITY-ST-ZIP	ST PAUL MN	
TITLE	T	<input type="checkbox"/> Delete
NAME	HOLM, RICARD T	
STREET ADDRESS	2100 FIRST NATIONAL BANK BUILDING	
CITY-ST-ZIP	ST. PAUL MN	
TITLE		<input type="checkbox"/> Delete
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
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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	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Michael J Giefer* **Michael J Giefer** 2/26/00 (651) 215-4410  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)