

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90139 023 ****70.00

UBR/RTU

DOCUMENT # P16354

1. Entity Name

STARKEY HEARING FOUNDATION, INC.

00000720



DO NOT WRITE IN THIS SPACE

Principal Place of Business

4248 PARK GLEN ROAD
MINNEAPOLIS MN 55416

Mailing Address

4248 PARK GLEN ROAD
MINNEAPOLIS MN 55416

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

36-3297852

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

SEGAL, PATRICIA C
336 CORAL WAY
FT LAUDERDALE FL 33301

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 **BONILLAS, PAULA**
STREET ADDRESS **P.O. DRAWER V**
CITY-ST-ZIP **INGLESIDE TX 78362-0500**

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

TITLE **D** ☐ Delete
NAME **KUKIELKA, MICHAEL**
STREET ADDRESS **2883 UNIVERSITY AVENUE**
CITY-ST-ZIP **ST. PAUL MN 55114**

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

TITLE **D** ☐ Delete
NAME **KENT, CARL**
STREET ADDRESS **275 MARKET STREET, STE. C-20**
CITY-ST-ZIP **MINNEAPOLIS MN 55405**

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

TITLE **P** ☐ Delete
NAME **JONES, JULIA**
STREET ADDRESS **80 S. 8TH STREET, STE. 4818**
CITY-ST-ZIP **MINNEAPOLIS MN 55402**

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

TITLE **VP** ☐ Delete
NAME **HOOK, MICHAEL**
STREET ADDRESS **6 PINE TREE DRIVE**
CITY-ST-ZIP **ARDEN HILLS MN 55112**

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

TITLE **VP** ☐ Delete
NAME **SAWATZKE, FRANK**
STREET ADDRESS **620 E. 78TH STREET**
CITY-ST-ZIP **MINNEAPOLIS MN 55423**

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)(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:

Julia Jones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date *01/16/01* Daytime Phone # *952-533-4079*

CR2E037 (10/00)