

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2000 8:00 am
Secretary of State
 01-25-2000 90069 008 ***150.00

DOCUMENT # P98000024883

1. Entity Name

DRISCOLL FAMILY INVESTMENTS, INC.

Principal Place of Business

Mailing Address

6170 MULLIN STREET
 PALM BEACH GARDENS FL 33418-6676

6170 MULLIN STREET
 PALM BEACH GARDENS FL 33418

00019643



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6170 MULLIN STREET
 Suite, Apt. #, etc.

3. Mailing Address

6170 MULLIN STREET
 Suite, Apt. #, etc.

City & State

JUPITER, FL

City & State

JUPITER, FL

4. FEI Number

65-0848619

Applied For
 Not Applied

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

Zip

33458

Country

US

Zip

33458

Country

US

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DRISCOLL, THOMAS V
 6170 MULLIN STREET
 PALM BEACH GARDENS FL 33418-6676

Name

Street Address (P.O. Box Number is Not Acceptable)

6170 MULLIN STREET

City

JUPITER

FL

Zip Code

33458

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]

THOMAS V DRISCOLL, PRESIDENT

01/07/00

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DPTS	DRISCOLL, THOMAS V	6170 MULLIN STREET	PALM BEACH GARDENS FL 33418-6676	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

[Signature]
 PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/07/00

Date

(561) 575-6448

Daytime Phone #