

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.

Principal Place of Business

**4248 PARK GLEN ROAD
 MINNEAPOLIS MN 55416**

Mailing Address

**4248 PARK GLEN ROAD
 MINNEAPOLIS MN 55416**

00000720



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

36-3297852

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

**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)