

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 842241

1. Entity Name

UNIVERSITY OF MINNESOTA FOUNDATION

Principal Place of Business

200 OAK ST SE
STE 500
MINNEAPOLIS MN 55455-2010
US

Mailing Address

200 OAK ST SE
STE 500
MINNEAPOLIS MN 55455-2010
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

41-6042488

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

FRANKE, DONALD T
849 7TH AVE, S
NAPLES FL 33940

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 PD ☐ Delete
NAME FISCHER, GERALD B.
STREET ADDRESS 200 OAK ST SE STE 500
CITY-ST-ZIP MINNEAPOLIS MN 55455-2010

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

TITLE CD ☐ Delete
NAME LEATHERDALE, DOUGLAS
STREET ADDRESS 200 OAK ST SE STE 500
CITY-ST-ZIP MINNEAPOLIS MN 55455

TITLE ☒ Change ☐ Addition
NAME CD
DONALD F. WRIGHT
STREET ADDRESS 200 OAK ST SE, STE 500
CITY-ST-ZIP MINNEAPOLIS, MN 55455-2010

TITLE TD ☐ Delete
NAME WRIGHT, DONALD
STREET ADDRESS 200 OAK ST SE STE 500
CITY-ST-ZIP MINNEAPOLIS MN 55455

TITLE ☒ Change ☐ Addition
NAME TD
B. KRISTINE JOHNSON
STREET ADDRESS 200 OAK ST SE, STE 500
CITY-ST-ZIP MINNEAPOLIS, MN 55455-2010

TITLE S ☐ Delete
NAME HUBBARD, STANLEY S.
STREET ADDRESS 200 OAK ST SE STE 500
CITY-ST-ZIP MINNEAPOLIS MN 55455-2010

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

TITLE VP ☐ Delete
NAME KIRK, JUDY Y.
STREET ADDRESS 200 OAK ST SE STE 500
CITY-ST-ZIP MINNEAPOLIS MN 55455-2010

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Kathleen Pickard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 2/5/01 Daytime Phone # 612-626-4537

FILED

Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90589 004 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)