

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 710959

1. Entity Name

DRISCOLL FOUNDATION, INC.

Principal Place of Business

3200 SW 116TH AVE
DAVIE FL 33330
US

Mailing Address

PO BOX 820716
SOUTH FL 33082
US

2. Principal Place of Business

12555 Orange Drive

Suite, Apt. #, etc.

Suite 101

City & State

Davie, FL

Zip

33330

Country

USA

3. Mailing Address

12555 Orange Drive

Suite, Apt. #, etc.

Suite 101

City & State

Davie, FL

Zip

33330

Country

USA

4. FEI Number

59-1142501

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARDER, MICHAEL E
SOUTH TRUST BANK BUILDING, STE #1100
135 WEST CENTRAL BLVD
ORLANDO FL 32801

7. Name and Address of New Registered Agent

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

TITLE VP ☐ Delete
NAME GARDNER, FRANK C
STREET ADDRESS 3701 SW 112 AVE
CITY-ST-ZIP DAVIE FL

TITLE PD ☐ Delete
NAME DRISCOLL, W JOHN
STREET ADDRESS 2100 FIRST NATL BK BLDG
CITY-ST-ZIP ST PAUL MN

TITLE ST ☐ Delete
NAME GEIFER, MICHAEL J.
STREET ADDRESS FIRST NATL BANK BLDG
CITY-ST-ZIP ST PAUL MN

TITLE D ☒ Delete
NAME DRISCOLL, RUDOLPH W
STREET ADDRESS 2100 FIRST NATL BK BLDG
CITY-ST-ZIP ST PAUL MN

TITLE D ☐ Delete
NAME DRISCOLL, JOHN B
STREET ADDRESS 2100 FIRST NATL BK BLDG
CITY-ST-ZIP ST PAUL MN

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☐ Change ☐ Addition
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:

Michael J Giefer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/02 651-215-4410

CR2E037 (9/01)