

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90368 002 *****61.25

DOCUMENT # 710959

1. Entity Name

DRISCOLL FOUNDATION, INC.



Principal Place of Business

**12555 ORANGE DR.
STE 101
DAVIE FL 33330
US**

Mailing Address

**12555 ORANGE DR.
STE 101
DAVIE FL 33330
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 **59-1142501**

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

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

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **VP** ☒ Change ☐ Addition
NAME **Gardner, Frank C.**
STREET ADDRESS **12555 Orange Drive, Ste 101**
CITY-ST-ZIP **Davie, FL 33330**

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

TITLE **PD** ☒ Change ☐ Addition
NAME **Driscoll, W. John**
STREET ADDRESS **332 Minnesota Street, Ste 2100**
CITY-ST-ZIP **St. Paul, MN 55101**

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

TITLE **ST** ☒ Change ☐ Addition
NAME **Glefer, Michael J.**
STREET ADDRESS **332 Minnesota Street, Ste 2100**
CITY-ST-ZIP **St. Paul, MN 55101**

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

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

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

TITLE **D** ☒ Change ☐ Addition
NAME **Driscoll, John B.**
STREET ADDRESS **332 Minnesota Street, Ste 2100**
CITY-ST-ZIP **St. Paul, MN 55101**

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: MICHAEL J. GEIFER

4/29/03

CR2E037 (10/02)