

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 842241

1. Entity Name

UNIVERSITY OF MINNESOTA FOUNDATION

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90160 043 \*\*\*\*61.25

Principal Place of Business 1300 S. 2ND ST., SUITE 200 MINNEAPOLIS MN 55454-1029 US	Mailing Address 1300 S. 2ND ST., SUITE 200 MINNEAPOLIS MN 55455-2010 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 200 Oak St SE Suite, Apt. #, etc. Suite 500 City & State Minneapolis MN Zip 55455-2010 Country	3. Mailing Address 200 Oak St SE Suite, Apt. #, etc. Suite 500 City & State Minneapolis MN Zip 55455-2010 Country
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4. FEI Number 41-6042488	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY - ST - ZIP	PD FISCHER, GERALD B. 1300 S. 2ND ST., SUITE 200 MINNEAPOLIS MN 55454 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD LEATHERDALE, DOUGLAS 1300 S. 2ND ST., SUITE 200 MINNEAPOLIS MN 55454 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD WRIGHT, DONALD 1300 S. 2ND ST., SUITE 200 MINNEAPOLIS MN 55454 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HUBBARD, STANLEY S. 1300 S. 2ND ST, STE 200 MINNEAPOLIS MN 55454 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP KIRK, JUDY Y. 1300 S. 2ND ST., SUITE 200 MINNEAPOLIS MN 55454 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MARCOTTE, DANIEL 1300 S. 2ND ST, STE 200 MINNEAPOLIS MN 55454 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 200 Oak St SE Suite 500 Minneapolis MN 55455-2010
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition same as above
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition same as above
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition same as above
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition same as above
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: [Signature] 4/07/99 Date Daytime Phone #

CR2E037 (9/99)