

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000006287

1. Entity Name
AUGUSTINE MEDICAL, INC.

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90004 037 ***150.00

Principal Place of Business

10393 WEST 70TH STREET
EDEN PRAIRIE MN 55344

Mailing Address

10393 WEST 70TH STREET
EDEN PRAIRIE MN 55344

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **41-1599480**

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
AUGUSTINE, SCOTT D
9017 CAVELL CIRCLE
BLOOMINGTON MN

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Johnson, Jerry J.
11413 River Hills Drive
Burnsville, MN 55337

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
THOMAS, JOHN E
9240 OVERLOOK TRAIL
EDEN PRAIRIE MN

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Kydd, Arthur D.
4832 Park Glen Road
St. Louis Park, MN 55416

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TS
HUMBERT, MARIE
1266 DEERRIDGE COVET
EAGART MN 55123

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Underwood, John E.
800 Lake Street
Ramsey, NJ 07446

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CARTER, ORWIN
1029 THIRD AVENUE SOUTH
STILLWATER MN

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HERMAN, JOHN
3800 PARK NICOLLET BLVD
ST LOUIS PARK MN

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Marie B. Humbert *Marie B. Humbert*

Date

1/9/01

Daytime Phone #

952-947-1200

CF2E034 (10/00)