

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

DOCUMENT # 100000006080

1. Entity Name

Farrell Family Foundation

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11522 Welters Way

Suite, Apt. #, etc.

3. Mailing Address

11522 Welters Way

Suite, Apt. #, etc.

City & State

Eden Prairie, MN

City & State

Eden Prairie, MN

Zip

55347

Country

USA

Zip

55347

Country

USA

4. FEI Number

59-3671115

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Kenneth D. Goodman

Street Address (P.O. Box Number is Not Acceptable)

3838 Tamiami Trail North

Suite 300

City

Naples

FL

Zip Code
34103

**DO NOT WRITE
IN THIS SPACE**

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

9-17-02

**FEE IS \$61.25
Initial or Amended UBR**

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

D
Frank S. Farrell, Jr.
11522 Welters Way
Eden Prairie, MN 55347

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

700008049587--5
-09/26/02--01035--030
*****297.50 *****297.50

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
Many Jane Rasmussen
231 West Main Street
Westborough, MA 01581

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
Alfred C. Farrell
3179 Via Hbitare Way
Miami, FL 33133

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/14/02 952-829-0998

CR2E037B (12/01)