

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90084 004 \*\*\*150.00

**DOCUMENT #** P96000000829  
1. Entity Name  
**THE DRISCOLL GROUP, INC.**

Principal Place of Business      Mailing Address

2. Principal Place of Business      3. Mailing Address  
**4651 SALISBURY RD. SOUTH      4651 SALISBURY RD. SOUTH**

Suite, Apt. #, etc      Suite, Apt. #, etc  
**SUITE 185      SUITE 185**

City & State      City & State  
**JACKSONVILLE, FL      JACKSONVILLE, FL**

Zip      Country      Zip      Country  
**32256      DUVAL      32256      DUVAL**

4. FEI Number      Amended For  
**59-3355139      Not Applicable**

5. Certificate of Status Desired      \$8.75 Additional Fee Required  
     

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**DRISCOLL, KEVIN  
4651 SALISBURY ROAD SOUTH, #185  
JACKSONVILLE, FL 32256**

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 \_\_\_\_\_  
Separate signatures and dates of registered agent and filer are required. (S.017) Separate Agent signature required when registering.

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

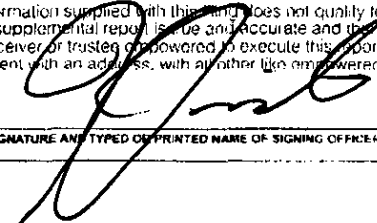
**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>PD DRISCOLL, KEVIN 10129 LAKE LAMAR CT. JACKSONVILLE, FL 32256</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>D DRISCOLL, CATHERINE 10129 LAKE LAMAR CT JACKSONVILLE, FL 32256</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

13. I hereby certify that the information supplied with this report does not qualify for the exemption stated in Section 119.07(3)(c), 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 or person 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:**  **4.14.00** **904.296.0008**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Signature File #

CR2E034 (9/99)