

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000024883

1. Entity Name

DRISCOLL FAMILY INVESTMENTS, INC.

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90069 008 ***150.00

Principal Place of Business Mailing Address
6170 MULLIN STREET 6170 MULLIN STREET
PALM BEACH GARDENS FL 33418-6676 PALM BEACH GARDENS FL 33418

00019643



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
6170 MULLIN STREET 6170 MULLIN STREET
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
JUPITER, FL JUPITER, FL
Zip Country Zip Country
33458 US 33458 US

4. FEI Number 65-0848619 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
DRISCOLL, THOMAS V
6170 MULLIN STREET
PALM BEACH GARDENS FL 33418-6676
Name
Street Address (P.O. Box Number is Not Acceptable)
6170 MULLIN STREET
City JUPITER FL Zip Code 33458

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 THOMAS V DRISCOLL, PRESIDENT 01/07/00
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, 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DPTS <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	DRISCOLL, THOMAS V		NAME		
STREET ADDRESS	6170 MULLIN STREET		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418-6676		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: THOMAS V DRISCOLL, PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/07/00 (561) 575-6448
Date Daytime Phone #