

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

DOCUMENT # NO0000006080

1. Entity Name

Farrell Family Foundation

FILED

02 SEP 23 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

0102

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

4. FEI Number

59-3671115

Applied For

Not Applicable

Zip

55347

Country

USA

Zip

55347

Country

USA

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

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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CR2E037B (12/01)

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:

Paul A. Paul J.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/14/02 952-829-0998

Date

Daytime Phone #

B