

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90053 015 ***150.00

DOCUMENT # P94000090072

1. Entity Name
DISCOVERY RESORT NO. 2, INC.

Principal Place of Business		Mailing Address	
710 N. PLANKINTON AVE 1200 MILWAUKEE WI 53203 US		710 N. PLANKINTON AVE 1200 MILWAUKEE WI 53203-2404 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 39-1809216				Applied For
				Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DV	<input type="checkbox"/> Delete		TITLE	P	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	STEIN, GERALD			NAME	WIGCHERS, ARTHUR W., JR.		
STREET ADDRESS	710 N. PLANKINTON AVE., SUITE 1200			STREET ADDRESS	710 N. PLANKINTON AVENUE, #1200		
CITY-ST-ZIP	MILWAUKEE WI			CITY-ST-ZIP	MILWAUKEE, WI 53203		
TITLE	DV	<input type="checkbox"/> Delete		TITLE	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	JANZ, JAMES F			NAME	JARMUSZ, ANDREW P.		
STREET ADDRESS	710 N. PLANKINTON AVE., SUITE 1200			STREET ADDRESS	1600 N. ATLANTIC AVENUE, #201		
CITY-ST-ZIP	MILWAUKEE WI			CITY-ST-ZIP	COCOA BEACH, FL 32931		
TITLE	D	<input type="checkbox"/> Delete		TITLE	V/S	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CAREY, RICHARD S			NAME	YOUNG, JAMES B.		
STREET ADDRESS	1533 LAKE SHORE DRIVE			STREET ADDRESS	710 N. PLANKINTON AVE., #1200		
CITY-ST-ZIP	COLUMBUS OH 43204			CITY-ST-ZIP	MILWAUKEE, WI 53203		
TITLE	V	<input type="checkbox"/> Delete		TITLE	T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BORRIS, JAMES D			NAME	CHEVALIER, STEPHAN J.		
STREET ADDRESS	710 N PLANKINTON AVENUE, #1200			STREET ADDRESS	710 N. PLANKINTON AVENUE, #1200		
CITY-ST-ZIP	MILWAUKEE WI			CITY-ST-ZIP	MILWAUKEE, WI 53203		
TITLE	V	<input type="checkbox"/> Delete		TITLE	AS	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BRAUN, ROBERT E			NAME	DELISLE, SANDRA J.		
STREET ADDRESS	710 N PLANKINTON AVE #1200			STREET ADDRESS	710 N. PLANKINTON AVENUE, #1200		
CITY-ST-ZIP	MILWAUKEE WI			CITY-ST-ZIP	MILWAUKEE, WI 53203		
TITLE	V	<input type="checkbox"/> Delete		TITLE	AS	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LAABS, SUSAN K			NAME	MADIGAN, MARK S.		
STREET ADDRESS	710 N PLANKINTON AVE #1200			STREET ADDRESS	710 N. PLANKINTON AVENUE, #1200		
CITY-ST-ZIP	MILWAUKEE WI			CITY-ST-ZIP	MILWAUKEE, WI 53203		

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: Mark S. Madigan **01/14/00** **(414) 274-2433**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Mark S. Madigan, Assistant Secretary

CR2E034 (9/99)