## **2000 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with an address,

SIGNATURE:

## FILED DOCUMENT # **762902** Mar 15, 2000 8:00 am 1. Entity Name **Secretary of State** MILWAUKEE GROVE HOUSE, INC. 03-15-2000 90065 011 \*\*\*\*61.25 Principal Place of Business Mailing Address 753 SCOTLAND ST 753 SCOTLAND ST **DUNEDIN FL 34698 DUNEDIN FL 34698-7124** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2186798 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) HOUGHTON, ERIC A. 1515 BAYSHORE BLVD #28 **DUNEDIN FL 34698** Zip Code City FL 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. 3 200 d.T NO CHANGE SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. ☐ Change Addition Delete TITLE TITLE NAME NAME KIVISTO, MARY STREET ADDRESS STREET ADDRESS 5 GATESHEAD DR., #119 CITY-ST-ZIP CITY-ST-ZIP **DUNEDIN FL 34698** Addition ☐ Change ☐ Delete TITLE TITLE T)· KIVISTO: DONALD NAME DIANE ROSENBAUM STREET ADDRESS STREET ADDRESS 5 GATESHEAD DR.: #119 3014 Red Oak Ct. #203 CITY-ST-ZIP CITY-ST-ZIP DUNEDIN FL 34698 <u>Clearwater,</u> FL34684 ☐ Delete ☐ Change Addition TITLE SD TITLE NAME COKER, JANIS. JEAN ALKULA NAME 234 THIRD AVENUE N. STREET ADDRESS 1408 Millstream Lane #106 STREET ADDRESS Dunedin, FL34698 CITY-ST-ZIP CITY-ST-ZIP SAFETY HARBOR FL Change Addition TITLE ☐ Delete TITLE vetter, pastoblgene NAME **TMAKE** NANCY ALLEN STREET ADDRESS STREET ADDRESS 7826 TENBY COURT 931 Cedarwood Ave. CITY-ST-ZIP CITY-ST-ZIP NEW PORT RICHEY FL Dunedin, FL <u>34698</u> Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME VETTER, DIANE STREET ADDRESS STREET ADDRESS 7826 TENBY CT. CITY-ST-ZIP CITY-ST-ZIP NEW PORT RICHEY FL **√** Change Addition TITLE ☐ Delete TITLE TREBESCH, ANNEMY NAME NAME STREET ADDRESS STREET ADDRESS 590 HICKORYNUT AVENUE 34677 CITY-ST-ZIP OLDSMAR, FL CITY-ST-ZIP OLDSMAR FL 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 Block 11 if