

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2001 8:00 am**  
**Secretary of State**

05-30-2001 90035 032 \*\*\*\*61.25

**DOCUMENT # 762902**

1. Entity Name

**MILWAUKEE GROVE HOUSE, INC.**

Principal Place of Business

Mailing Address

**753 SCOTLAND ST  
DUNEDIN FL 34698**

**753 SCOTLAND ST  
DUNEDIN FL 34698**

**AU072303**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2186798**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**HOUGHTON, ERIC A.  
1515 BAYSHORE BLVD #28  
DUNEDIN FL 34698**

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

**FILE NOW:  
FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Delete  
NAME **KIVISTO, MARY**  
STREET ADDRESS **5 GATESHEAD DR., #119**  
CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE **P** ☐ Change ☒ Addition  
NAME **Smith Chuck**  
STREET ADDRESS **710 Scotland St**  
CITY-ST-ZIP **Dunedin FL 34698**

TITLE **S** ☐ Delete  
NAME **ROSENBAUM, DIANE**  
STREET ADDRESS **3014 RED OAK CT #203**  
CITY-ST-ZIP **CLEARWATER FL 34684**

TITLE **S** ☒ Change ☐ Addition  
NAME **Rosenbaum, Diane**  
STREET ADDRESS **3014 Red Oak Ct. #203**  
CITY-ST-ZIP **Palm Harbor FL 34684**

TITLE **D** ☐ Delete  
NAME **ALKULA, JEAN**  
STREET ADDRESS **1408 MILLSTREAM LANE #108**  
CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE **D** ☐ Change ☐ Addition  
NAME **Allen, Nancy E.**  
STREET ADDRESS **931 Cedarwood Dr**  
CITY-ST-ZIP **Dunedin FL 34698**

TITLE **D** ☐ Delete  
NAME **ALLEN, NANCY**  
STREET ADDRESS **931 CEDARWOOD AVE**  
CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE **D** ☐ Change ☐ Addition  
NAME **VETTER, DIANE**  
STREET ADDRESS **7826 TENBY CT.**  
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **D** ☒ Delete  
NAME **VETTER, DIANE**  
STREET ADDRESS **7826 TENBY CT.**  
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **DT** ☒ Delete  
NAME **TREBESCH, ANNEMY**  
STREET ADDRESS **590 HICKORYNUT AVENUE**  
CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE **DT** ☒ Delete  
NAME **TREBESCH, ANNEMY**  
STREET ADDRESS **590 HICKORYNUT AVENUE**  
CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE **DT** ☐ Change ☐ Addition  
NAME **TREBESCH, ANNEMY**  
STREET ADDRESS **590 HICKORYNUT AVENUE**  
CITY-ST-ZIP **OLDSMAR FL 34677**

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Nancy Allen**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/25/01**  
Date

**733-4413**  
Daytime Phone #

CR2E037 (10/00)