

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

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

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

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

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	<input checked="" type="checkbox"/> Delete
NAME	KIVISTO, MARY	
STREET ADDRESS	5 GATESHEAD DR., #119	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	S	<input type="checkbox"/> Delete
NAME	ROSENBAUM, DIANE	
STREET ADDRESS	3014 RED OAK CT #203	
CITY-ST-ZIP	CLEARWATER FL 34684	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALKULA, JEAN	
STREET ADDRESS	1408 MILLSTREAM LANE #108	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALLEN, NANCY	
STREET ADDRESS	931 CEDARWOOD AVE	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VETTER, DIANE	
STREET ADDRESS	7826 TENBY CT.	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	TREBESCH, ANNEMY	
STREET ADDRESS	590 HICKORYNUT AVENUE	
CITY-ST-ZIP	OLDSMAR FL 34677	

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Smith Chuck	
STREET ADDRESS	710 Scotland St	
CITY-ST-ZIP	Dunedin 71 34698	D
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rosenbaum, Diane	
STREET ADDRESS	3014 Red Oak Ct. #203	
CITY-ST-ZIP	Palm Harbor 71 34684	D
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Allen, Nancy E.	
STREET ADDRESS	931 Cedarwood Dr	
CITY-ST-ZIP	Dunedin 71 34698	D
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 **REQUIRE** Nancy Allen

4/25/01

733-4413

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)