

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F34404**

1. Entity Name

SUNCOAST GROUP LTD., INC.**FILED****Apr 30, 2001 8:00 am**
Secretary of State

04-30-2001 90130 034 ***150.00

Principal Place of Business

**710 N PLANKINTON AVE
MILWAUKEE WI 53203-2404**

Mailing Address

**710 N PLANKINTON AVE
MILWAUKEE WI 53203-2404**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **39-1385826**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	ZILBER, JOSEPH J.	
STREET ADDRESS	710 N. PLANKINTON AVE.	
CITY-ST-ZIP	MILWAUKEE WI	
TITLE	VD	<input type="checkbox"/> Delete
NAME	STEIN, GERALD	
STREET ADDRESS	710 N. PLANKINTON AVE.	
CITY-ST-ZIP	MILWAUKEE WI	
TITLE	P	<input type="checkbox"/> Delete
NAME	BORRIS, JAMES D	
STREET ADDRESS	710 N PLANKINTON AVE	
CITY-ST-ZIP	MILWAUKEE WI	
TITLE	V	<input type="checkbox"/> Delete
NAME	WIGCHERS, ARTHUR W., JR.	
STREET ADDRESS	710 N. PLANKINTON AVE.	
CITY-ST-ZIP	MILWAUKEE WI	
TITLE	V	<input type="checkbox"/> Delete
NAME	JANZ, JAMES F	
STREET ADDRESS	710 N. PLANKINTON AVE.	
CITY-ST-ZIP	MILWAUKEE WI	
TITLE	VS	<input type="checkbox"/> Delete
NAME	YOUNG, JAMES B	
STREET ADDRESS	710 N. PLANKINTON AVE.	
CITY-ST-ZIP	MILWAUKEE WI	

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRAUN, ROBERT E.	
STREET ADDRESS	710 N. PLANKINTON AVENUE, SUITE 1000	
CITY-ST-ZIP	MILWAUKEE, WI 53203	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRANDLICH, JOHN R.	
STREET ADDRESS	710 N. PLANKINTON AVENUE, SUITE 1100	
CITY-ST-ZIP	MILWAUKEE, WI 53203	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHEVALIER, STEPHAN J.	
STREET ADDRESS	710 N. PLANKINTON AVENUE, Suite 1200	
CITY-ST-ZIP	MILWAUKEE, WI 53203	
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DELISLE, SANDRA J.	
STREET ADDRESS	710 N. PLANKINTON AVENUE, SUITE 1200	
CITY-ST-ZIP	MILWAUKEE, WI 53203	
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MADIGAN, MARK S.	
STREET ADDRESS	710 N. PLANKINTON AVENUE, SUITE 1200	
CITY-ST-ZIP	MILWAUKEE, WI 53203	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark S. Madigan, Assistant Secretary

1-12-01

Date

(414) 274-2433

Daytime Phone #

CR2E034 (10/00)