

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000001188

1. Entity Name

COVENTRY CORPORATION OF THE REPUBLIC, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90033 020 ***158.75

Principal Place of Business

Mailing Address

450 N SUNNYSLOPE RD. SUITE 300
BROOKFIELD WI 53005

450 N SUNNYSLOPE RD. SUITE 300
BROOKFIELD WI 53005-4861



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

10000 Innovation Dr

10000 Innovation Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Tax Dept.

Tax Dept.

City & State

City & State

Milwaukee WI

Milwaukee WI

Zip

Country

Zip

Country

53224

53226

4. FEI Number

74-2824705

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

C T CORPORATION SYSTEM
1200 SOUTH 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, 2000 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 PT ☐ Delete
NAME VICK, STEVEN L
STREET ADDRESS 450 N SUNNYSLOPE RD, SUITE 300
CITY-ST-ZIP BROOKFIELD WI 53005

TITLE ☐ Change ☐ Addition
NAME 10000 Innovation Dr.
STREET ADDRESS Milwaukee WI 53226
CITY-ST-ZIP

TITLE CEO ☐ Delete
NAME BUCHANAN, TIMOTHY J
STREET ADDRESS 450 N SUNNYSLOPE RD, SUITE 300
CITY-ST-ZIP BROOKFIELD WI 53005

TITLE ☐ Change ☐ Addition
NAME 10000 I nno vation Dr.
STREET ADDRESS Milwaukee WI 53226
CITY-ST-ZIP

TITLE VPS ☒ Delete
NAME KNOTT, GAIL R
STREET ADDRESS S WEBB RD SUITE 200
CITY-ST-ZIP WHICHITA KS 67207

TITLE ☐ Change ☒ Addition
NAME OHLENDOFF, MARK W
STREET ADDRESS V3
CITY-ST-ZIP 10000 Innovation Dr.
Milwaukee WI 53226

TITLE V ☐ Delete
NAME UOMULA, THOMAS E
STREET ADDRESS 450 N SUNNYSLOPE RD
CITY-ST-ZIP BROOKFIELD WI 53005

TITLE ☐ Change ☒ Addition
NAME KOMOLA, THOMAS E
STREET ADDRESS 10000 Innovation Dr
CITY-ST-ZIP Milwaukee WI 53226

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIG *Mark J. Chapman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-21-00

Daytime Phone #

414 918-5593

CR2E034 (9/99)