

# 2001 UNIFORM BUSINESS REPORT (UBR)

0139058 AB

DOCUMENT # H99716

1. Name  
MANAGEMENT ASSOCIATES GROUP, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
02 FEB -4 PM 2:06

Principal Place of Business

P.O. BOX 211068  
MILWAUKEE WI 53221

Mailing Address

P.O. BOX 211068  
MILWAUKEE WI 53221



2. Principal Place of Business

P.O. BOX 137

3. Mailing Address

P.O. BOX 137

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GREENDALE, WI

City & State

GREENDALE, WI

4. FEI Number

59-2635883

Applied For

Not Applicable

Zip

Country

53129-0137

Zip

Country

53129-0137

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

~~HARTMAN, JAMES C.~~

Stross Law Firm, P.A.

~~3300 S. W. 11th St.~~

33920 US-19 N., Ste 351

~~ORLANDO FL 32808~~

Palm Harbor, FL 34684

Name STROSS LAW FIRM, P.A.

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

33920 U.S. 19 N., Ste 351

Zip City

FL

34684

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

*Howard E. Stross, as its President*

12/10/01

(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 \$550.00  
After September 12, 2001 Fee will be \$750.00  
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  
NAME PTD  
STREET ADDRESS SCHLYTTER, ROBERT O.  
CITY-ST-ZIP 2212 HARBOR CT DR  
LONGBOAT KEY FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
200004911312--7  
-02/12/02--01030--009  
\*\*\*\*750.00 \*\*\*\*750.00

TITLE  
NAME VSD  
STREET ADDRESS HARTMAN, JAMES C.  
CITY-ST-ZIP 1415 SOVEREIGN CT.  
ORLANDO FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
200004911312--7  
-02/12/02--01030--010  
\*\*\*\*150.00 \*\*\*\*150.00

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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:

*Robert O. Schlytter* PRESIDENT, 10/24/01

414-281-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)