

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J33910

1. Entity Name

TOWNE REALTY OF WEST FLORIDA, INC.

**FILED**  
**Apr 23, 2000 8:00 am**  
**Secretary of State**

04-23-2000 90053 006 \*\*\*150.00

Principal Place of Business 710 N PLANKINTON AVENUE SUITE #1200 MILWAUKEE WI 53203 US	Mailing Address 710 N PLANINTON AVENUE SUITE #1200 MILWAUKEE WI 53203 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>39-1576894</b>		Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent  CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. SEE ATTACHED ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ZILBER, JOSEPH</b> <b>710 N. PLANKINTON</b> <b>MILWAUKEE WI</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>GRANDLICH, JOHN</b> <b>710 N. PLANKINTON AVENUE, SUITE 1100</b> <b>MILWAUKEE, WI 53203</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>WIGCHERS, ARTHUR W. JR.</b> <b>710 N. PLANKINTON</b> <b>MILWAUKEE WI</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>JAMES F. JANZ</b> <b>710 N. PLANKINTON AVENUE, SUITE 1200</b> <b>MILWAUKEE, WI 53203</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>BORRIS, JAMES D.</b> <b>710 N. PLANKINTON</b> <b>MILWAUKEE WI</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>KITT E R. KEARNEY</b> <b>13225 STATE ROAD, 70 E.</b> <b>BRADENTON, FL 34202</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS</b> <b>YOUNG, JAMES B.</b> <b>710 N. PLANKINTON</b> <b>MILWAUKEE WI</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>STEIN, GERALD</b> <b>710 N. PLANKINTON AVENUE, SUITE 1200</b> <b>MILWAUKEE, WI 53203</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>FV</b> <b>BRAUN, ROBERT E.</b> <b>710 N. PLANKINTON</b> <b>MILWAUKEE WI</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>CHEVALIER, STEPHAN J.</b> <b>710 N. PLANKINTON AVENUE, SUITE 1200</b> <b>MILWAUKEE, WI 53203</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>MADIGAN, MARK S.</b> <b>710 N. PLANKINTON</b> <b>MILWAUKEE WI</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>DELISLE, SANDRA</b> <b>710 N. PLANKINTON AVENUE, SUITE 1200</b> <b>MILWAUKEE, WI 53203</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:** Mark S. Madigan  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Mark S. Madigan  
Assistant Secretary  
Date 1/31/00 Daytime Phone # (414) 274-2433

CR2E034 (9/99)

J33910  
B0071695

**TOWNE REALTY OF WEST FLORIDA, INC. (J33910)**

**ADDITIONAL OFFICERS**

(TO BE ATTACHED TO THE ANNUAL UNIFORM BUSINESS REPORT)

Officer and Title:

Alan Atchley, Vice President

Address:

11101 Water Lily Way  
Bradenton, FL 34202