

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000001620

1. Entity Name  
E.L.K. IV LLC

Principal Place of Business  
16620 WEST BLUEMOUND ROAD, SUITE 500  
BROOKFIELD WI 53005

Mailing Address  
16620 WEST BLUEMOUND ROAD, SUITE 500  
BROOKFIELD WI 53005-5919

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  
39-1936124

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COOPER, STEVEN R  
6204 14TH STREET WEST  
BRADENTON FL 34207

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 \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS / MEMBERS

TITLE MGRM ☐ Delete  
NAME MARVIN & JOAN COOPER JOINT REVOCABLE TRUST  
STREET ADDRESS 16620 WEST BLUEMOUND ROAD, SUITE 500  
CITY- ST- ZIP BROOKFIELD WI 53005

TITLE MGRM ☐ Delete  
NAME COOPER, CRAIG A  
STREET ADDRESS 16620 WEST BLUEMOUND ROAD, SUITE 500  
CITY- ST- ZIP BROOKFIELD WI 53005

TITLE MGRM ☐ Delete  
NAME RUSSELL, G.E.  
STREET ADDRESS 16620 WEST BLUEMOUND ROAD, SUITE 500  
CITY- ST- ZIP BROOKFIELD WI 53005

TITLE MGRM ☐ Delete  
NAME KUYERS 1996 JOINT REVOCABLE TRUST  
STREET ADDRESS 16620 WEST BLUEMOUND ROAD, SUITE 500  
CITY- ST- ZIP BROOKFIELD WI 53005

TITLE MGRM ☐ Delete  
NAME DEJONG, ROBERT J  
STREET ADDRESS 16620 WEST BLUEMOUND ROAD, SUITE 500  
CITY- ST- ZIP BROOKFIELD WI 53005

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 600003121766--8  
CITY- ST- ZIP -02/03/00--01007--001  
\*\*\*\*\*88.75 \*\*\*\*\*50.00

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

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*Robert J. DeJong*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER  
Date 1/17/2000 (262) 789-0111  
Daytime Phone #

FILED

00 FEB -1 AM 8:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

\$50.00-FF  
2/1