

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 10, 2000 8:00 am
Secretary of State

02-10-2000 90019 018 ***150.00

A0010100



DO NOT WRITE IN THIS SPACE

DOCUMENT # P23900

1. Entity Name

JACOB LEINENKUGEL BREWING CO., INC.

Principal Place of Business

Mailing Address

1-3 JEFFERSON AVENUE
CHIPPEWA FALLS WI 54729-1320
US1-3 JEFFERSON AVENUE
CHIPPEWA FALLS WI 54729-1318
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

39-1604360

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
PTD	LEINENKUGEL, THOMAS J.	18816 E. EDGEWATER DR	CHIPPEWA FALLS WI 54729	<input type="checkbox"/> Delete	Assistant Secretary	Stephen D. Rogers	816 East Lake Forest Avenue	Milwaukee, WI 53217	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
S	JONES, MICHAEL T.	333 WEST CEDAR VALLEY DR	DELAFIELD WI 53018	<input type="checkbox"/> Delete	Secretary & Director	Michael T. Jones	333 West Cedar Valley Drive	Delafield, WI 53018	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VP	SCHMUS, WILLIAM G	19755 KILLARNEY WAY	BROOKFIELD WI 53045	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	MACDONOUGH, JOHN M	7755 NORTH RIVER ROAD	RIVER HILLS WI 53217	<input checked="" type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input 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.

MICHAEL T. JONES
Secretary**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/00

Date

414/931-2000

Daytime Phone #

CR2E034 (9/99)