

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2002 8:00 am**  
**Secretary of State**

02-24-2002 90082 010 \*\*\*150.00

USE 2-27 AI

**DOCUMENT # P23900**

1. Entity Name

**JACOB LEINENKUGEL BREWING CO., INC.**

Principal Place of Business

**1-3 JEFFERSON AVENUE  
 CHIPPEWA FALLS WI 54729-1320  
 US**

Mailing Address

**1-3 JEFFERSON AVENUE  
 CHIPPEWA FALLS WI 54729-1320  
 US**

**80030788**



DO NOT WRITE IN THIS SPACE

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD LEINENKUGEL, THOMAS J. 18816 E. EDGEWATER DR CHIPPEWA FALLS WI 54729</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD JONES, MICHAEL T. 333 WEST CEDAR VALLEY DR DELAFIELD WI 53018</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP SCHMUS, WILLIAM-G 19755 KILLARNEY WAY BROOKFIELD WI 53045</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS ROGERS, STEPHEN D 816 EAST LAKE FOREST AVE MILWAUKEE WI 53217</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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.

**SIGNATURE:** MICHAEL T. JONES  
 SECRETARY

**2/1/02**  
 Date

**414/931-2000**  
 Daytime Phone #

CR2E034 (9/01)

Attachment  
DOC# P23900  
B0030788

**JACOB LEINENKUGEL BREWING CO., INC.**

Date of Incorporation  
State of Incorporation

December 7, 1987  
Wisconsin

**OFFICERS**

THOMAS J. "Jake" LEINENKUGEL  
President and Treasurer  
18816 - 54th Avenue  
Chippewa Falls, Wisconsin 54729

MICHAEL T. JONES  
Secretary  
333 West Cedar Valley Drive  
Delafield, Wisconsin 53018

STEPHEN D. ROGERS  
Vice President  
816 East Lake Forest Avenue  
Milwaukee, Wisconsin 53217

**DIRECTORS**

MICHAEL T. JONES  
333 West Cedar Valley Drive  
Delafield, Wisconsin 53018

THOMAS J. "Jake" LEINENKUGEL  
18816 - 54th Avenue  
Chippewa Falls, Wisconsin 54729