

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90058 016 \*\*\*150.00

**DOCUMENT # P95000068231**

1. Entity Name

**TOWNE DEVELOPMENT OF INDIAN SHORES, INC.**

Principal Place of Business

**710 NORTH PLANKINTON AVENUE  
 SUITE #1200  
 MILWAUKEE WI 53203**

Mailing Address

**710 NORTH PLANKINTON AVENUE  
 SUITE #1200  
 MILWAUKEE WI 53203**

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

**39-1831242**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
 1200 SOUTH 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

**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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>ZILBER, JOSEPH J<br/>710 NORTH PLANKINTON AVENUE<br/>MILWAUKEE WI 53203</b> <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P<br/>WIGCHERS, ARTHUR W. JR.<br/>710 N PLANKINTON AVE, #1200<br/>MILWAUKEE WI</b> <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V<br/>STEIN, GERALD<br/>710 N PLANKINTON AVE, #1200<br/>MILWAUKEE WI 53203</b> <input type="checkbox"/> Delete      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V<br/>JANZ, JAMES F.<br/>710 N PLANKINTON AVE, #1200<br/>MILWAUKEE WI 53203</b> <input type="checkbox"/> Delete     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VS<br/>YOUNG, JAMES B.<br/>710 N PLANKINTON AVE, #1200<br/>MILWAUKEE WI 53203</b> <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V<br/>BRAUN, ROBERT E.<br/>710 N PLANKINTON AVE STE 1000<br/>MILWAUKEE WI 53203</b> <input type="checkbox"/> Delete |

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>SEE ATTACHED LIST OF ADDITIONAL OFFICERS</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark S. Madigan

Assistant Secretary

01/10/02 (414) 274-2433

Date

Daytime Phone #

CR2E034 (9/01)

Attachment

DOC# P95000068231

/842/85

TOWNE DEVELOPMENT OF INDIAN SHORES, INC.  
DOCUMENT NO. P95000068231

OFFICERS:

V/AS

BENNETT, BRENDA  
1600 N. ATLANTIC AVENUE, SUITE 201  
COCOA BEACH, FL 32931

V

BORRIS, JAMES D.  
710 NORTH PLANKINTON AVENUE, #1100  
MILWAUKEE, WI 53203

V/T

CHEVALIER, STEPHAN J.  
710 NORTH PLANKINTON AVENUE, #1200  
MILWAUKEE, WI 53203

V

GRANDLICH, JOHN R.  
710 NORTH PLANKINTON AVENUE, #1100  
MILWAUKEE, WI 53203

V

KEARNEY, KITT E R.  
8430 ENTERPRISE CIRCLE, SUITE 130  
BRADENTON, FL 34202

AS

DELISLE, SANDRA J.  
710 NORTH PLANKINTON AVENUE, #1200  
MILWAUKEE, WI 53203

AS

MADIGAN, MARK S.  
710 NORTH PLANKINTON AVENUE, #1200  
MILWAUKEE, WI 53203