

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90130 044 ***150.00

DOCUMENT # P96000010282

1. Entity Name
TOWNE DEVELOPMENT OF POMPANO BEACH, 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 |
|---|---|



DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|--------------------------------|---------|---------------------|---------|---|--|---------------------------------------|--|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 39-1842074 | | Applied For | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | Not Applicable | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| Zip | Country | Zip | Country | | | | |

| | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|-----------|--|----------|--|
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | | | | | |
| CT CORPORATION SYSTEMS 1200 SOUTH 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | | | |
|---|---|---|------------------------------------|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$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 | D ZILBER, JOSEPH J 710 NORTH PLANKINTON AVENUE MILWAUKEE WI 53203 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SEE ATTACHED LIST FOR ADDITIONAL OFFICERS |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P WIGCHERS, ARTHUR W JR 710 N PLNAKINTON AVE., #1200 MILWAUKEE WI 53203 <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 | VAS BENNETT, BRENDA 1600 N ATLANTIC AVENUE SUITE 201 COCOA BCH FL 32931 <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 | V BORRIS, JAMES D 710 N PLANKINTOWN AVE SUITE 1100 MILWAUKEE WI 53203 <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 | VTR CHEVALIER, STEPHAN J 710 N PLANKINTON AVE., #1200 MILWAUKEE WI 53203 <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 | AS DELISLE, SANDRA J 710 N PLANKINTON AVE., #1200 MILWAUKEE WI 53203 <input type="checkbox"/> Delete | 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: Mark S. Madigan **1-12-01** **(414) 274-2433**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Mark S. Madigan, Assistant Secretary

CR2E034 (10/00)

attachment
D# P96000010282
B0042223

TOWNE DEVELOPMENT OF POMPANO BEACH, INC.
DOCUMENT #P96000010282

ADDITIONAL OFFICERS:

V
BRAUN, ROBERT E.
710 N. PLANKINTON AVENUE, #1000
MILWAUKEE, WI 53203

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

V
JANZ, JAMES F.
710 N. PLANKINTON AVENUE, #1200
MILWAUKEE, WI 53203

V
PANKOW, GERALD R.
915 MIDDLE RIVER DRIVE, SUITE 521
FT. LAUDERDALE, FL 33304

V
STEIN, GERALD
710 N. PLANKINTON AVENUE, #1200
MILWAUKEE, WI 53203

V/S
YOUNG, JAMES B.
710 N. PLANKINTON AVENUE, #1200
MILWAUKEE, WI 53203

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