

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 20, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P97000074050**1. Entity Name  
MIDWEST RIVERVIEW GP, INC.

Principal Place of Business C/O CENTRES, INC. 3315 NORTH 124TH STREET SUITE E BROOKFIELD 53005	WS	Mailing Address C/O CENTRES, INC. 3315 NORTH 124TH STREET SUITE E BROOKFIELD 53005	WS
--	----	--	----

2. Principal Place of Business  
C/O CENTRES INC.3. Mailing Address  
C/O CENTRES INC.Suite, Apt. #, etc.  
9130 S DADELAND BLVD., #1528Suite, Apt. #, etc.  
9130 S DADELAND BLVD., #1528City & State  
MIAMI FLCity & State  
MIAMI FLZip  
33156

Country

Zip  
33156

Country

4. FEI Number  
39-1905660Applied For  
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

SHEVIN ARNOLD  
2 DATRAN CENTER STE 1528  
9130 SOUTH DADELAND BLVD  
MIAMI FL  
33156 US

## 7. Name and Address of New Registered Agent

Name SHEVIN ARNOLD D
Street Address (P.O. Box Number is Not Acceptable) 2 DATRAN CENTER STE 1528
9130 SOUTH DADELAND BLVD
City MIAMI FL
Zip Code 33156

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 **ARNOLD D. SHEVIN, SR. VP**

02/20/2001

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, 2001 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST NENNING MICHELLE M 3315 N 124TH STREET STE E BROOKFIELD WI 53005	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KARL KENNETH B 9130 S DADELAND BLVD, #1528 MIAMI FL 33156	<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"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAST CHARLTON DAVID K 9130 S DADELAND BLVD., #1528 MIAMI FL 33156	<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
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

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: **DAVID K. CHARLTON**

VAST

02/20/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)