

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 574442

1. Entity Name

TROPMI IMPORT CO.

**FILED**  
**Jan 24, 2000 8:00 am**  
**Secretary of State**

01-24-2000 90077 012 \*\*\*150.00

Principal Place of Business

Mailing Address

ONE CONAGRA DRIVE  
CC241  
OMAHA NE 68102-5001  
US

ONE CONAGRA DRIVE  
CC241  
OMAHA NE 68102-5094  
US

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

47-0759373

Applied For

Not Applicable

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

THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

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 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 P ☐ Delete  
NAME GONZALEZ, JESSE  
STREET ADDRESS 13924 PEPPERRELL DR  
CITY-ST-ZIP TAMPA FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPSD ☐ Delete  
NAME O'DONNELL, JAMES P  
STREET ADDRESS 1129 SOUTH 181 PLAZA  
CITY-ST-ZIP OMAHA NE 68130

TITLE VPSD ☒ Change ☐ Addition  
NAME James P. O'Donnell  
STREET ADDRESS 1126 South 181st Plaza  
CITY-ST-ZIP Omaha, NE 68130

TITLE VCD ☒ Delete  
NAME DIFONZO, KEN  
STREET ADDRESS 16646 HOWARD CIR  
CITY-ST-ZIP OMAHA NE 68114

TITLE VPCD ☐ Change ☒ Addition  
NAME Jay-D. Bolding  
STREET ADDRESS 1625 N. 129th St.  
CITY-ST-ZIP Omaha, NE 68154

TITLE ACS ☐ Delete  
NAME WITHERS, DAVID G  
STREET ADDRESS 8105 NORTH 40 STREET  
CITY-ST-ZIP OMAHA NE 68112

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VTD ☐ Delete  
NAME KEITH, DEBRA L  
STREET ADDRESS 2918 BLACKHAWK CIR  
CITY-ST-ZIP OMAHA NE 68123

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Debra L. Keith* **KEITH**

Debra L.Keith

1-13-2000

402-595-4575

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)