

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000000879

1. Entity Name

TRAVEL AND TRANSPORT, INC.

Principal Place of Business

2120 S. 72ND ST., #300
OMAHA NE 68124

Mailing Address

2120 S. 72ND ST., #300
OMAHA NE 68124-2341

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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, 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

TITLE	DC	<input type="checkbox"/> Delete
NAME	KINEEN, JAMES P	
STREET ADDRESS	9394 W. DODGE RD., #250	
CITY-ST-ZIP	OMAHA NE 68114	
TITLE	DC	<input type="checkbox"/> Delete
NAME	BEAVERS, BILL B	
STREET ADDRESS	9394 W. DODGE RD., #250	
CITY-ST-ZIP	OMAHA NE 68114	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KREMLA, LAWRENCE J	
STREET ADDRESS	9394 W. DODGE RD., #250	
CITY-ST-ZIP	OMAHA NE 68114	
TITLE	DD	<input type="checkbox"/> Delete
NAME	FOLEY, JAMES P	
STREET ADDRESS	9394 W. DODGE RD., #250	
CITY-ST-ZIP	OMAHA NE 68114	
TITLE	D	<input type="checkbox"/> Delete
NAME	VAN METRE, DAVID U	
STREET ADDRESS	9394 W. DODGE RD., #250	
CITY-ST-ZIP	OMAHA NE 68114	
TITLE	PD	<input type="checkbox"/> Delete
NAME	TECH, WILLIAM H	
STREET ADDRESS	2120 S 72ND ST, STE 700	
CITY-ST-ZIP	OMAHA NE 68124	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
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:

Kevin O'Malley

Kevin O'Malley

1/18/00

(402) 399-450

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90140 009 ***150.00

608942



DO NOT WRITE IN THIS SPACE

4. FEI Number

47-0355040

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**