

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000004052

1. Entity Name
MIDWEST FIRST FINANCIAL, INC.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90004 027 ***158.75

Principal Place of Business
2504 S 119TH ST
OMAHA NE 68144
US

Mailing Address
2504 S 119TH ST
OMAHA NE 68144
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 47-0759939

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAPITAL CONNECTION, INC.
417 E. VIRGINIA ST.
STE. 1
TALLAHASSEE FL 32301-1283

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, 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	PD	<input type="checkbox"/> Delete
NAME	PRESTON, WILLIAM B	
STREET ADDRESS	206 SOUTH 96TH STREET	
CITY-ST-ZIP	OMAHA NE 68114	
TITLE	C	<input type="checkbox"/> Delete
NAME	SMITH, THOMAS C	
STREET ADDRESS	5910 NORMAN ROAD	
CITY-ST-ZIP	LINCOLN NE 68512	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	RILEY, P	
STREET ADDRESS	114 SOUTH 93RD AVE	
CITY-ST-ZIP	OMAHA NE 68114	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KITSON, C A	
STREET ADDRESS	14947 H ST.	
CITY-ST-ZIP	OMAHA NE 68137	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	9813 S. 176th St.	
CITY-ST-ZIP	Omaha, NE. 68136	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

William B Preston
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/01 402/330-2274
Date Daytime Phone #

CR2E034 (10/00)