

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

06552639 AT

DOCUMENT # F98000004755

1. Entity Name  
BALLANTYNE OF OMAHA, INC.



FILED

03 MAY -1 PM 1:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business  
901 CENTRAL FLORIDA PKWY  
STE A  
ORLANDO FL 32824

Mailing Address  
4350 MCKINLEY STREET  
OMAHA NE 68112

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 47-0587703

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

C T CORPORATION SYSTEM  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME WILMERS, JOHN P  
STREET ADDRESS 435 MCKINLEY STREET  
CITY-ST-ZIP OMAHA NE 68112 ☐ Delete

TITLE D  
NAME ALVIN ABRAMSON  
STREET ADDRESS 3318 South 95 Circle  
CITY-ST-ZIP Omaha, NE 68124 ☐ Change ☒ Addition

TITLE V  
NAME BOEGNER, RAY F  
STREET ADDRESS 4350 MCKINLEY STREET  
CITY-ST-ZIP OMAHA NE 68112 ☐ Delete

TITLE D  
NAME Dana Bradford  
STREET ADDRESS 1125 S. 103rd Street  
CITY-ST-ZIP Omaha, NE 68124 ☐ Change ☒ Addition

TITLE ST  
NAME FRENCH, BRAD  
STREET ADDRESS 4350 MCKINLEY STREET  
CITY-ST-ZIP OMAHA NE 68112 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
900017827149  
05/01/03--01052--003 \*\*317.50 ☐ Change ☐ Addition

TITLE CD  
NAME WELSH, II, WILLIAM  
STREET ADDRESS 4350 MCKINLEY STREET  
CITY-ST-ZIP OMAHA NE 68112 ☐ Delete

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

TITLE D  
NAME ECHTENKAMP, RONALD H  
STREET ADDRESS 4434 SOUTH 163RD STREET  
CITY-ST-ZIP OMAHA NE 68135 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kevin Steinhilber  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)