

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L10593**

1. Entity Name
TRYKAP TRANSPORTATION MANAGEMENT, INC.

APPROVED
AND
FILED

02 FEB -8 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**355 W 7TH ST
ORLANDO FL 32824
US**

Mailing Address
**ONE RIVERWAY
STE 500
HOUSTON TX 77056
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 **59-2962727**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
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, 2002 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 **KAPLAN, JAY M**
STREET ADDRESS **P O BOX 22748**
CITY-ST-ZIP **LAKE BUENA VISTA FL**

TITLE **DT** ☐ Change ☒ Addition
NAME **DAVID Young**
STREET ADDRESS **ONE Riverway, Ste 500**
CITY-ST-ZIP **Houston TX 77056**

TITLE **DCEO** ☒ Delete
NAME **GALLAGHER, FRANK P**
STREET ADDRESS **ONE RIVERWAY, SUITE 500**
CITY-ST-ZIP **HOUSTON TX 77056**

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

TITLE **D** ☐ Delete
NAME **BELL, LINDA**
STREET ADDRESS **ONE RIVERWAY STE 500**
CITY-ST-ZIP **HOUSTON TX 77056**

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

TITLE **DVPS** ☐ Delete
NAME **LONGO, ROBERT E**
STREET ADDRESS **ONE RIVERWAY, STE. 500**
CITY-ST-ZIP **HOUSTON TX 77056**

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

TITLE **ACS** ☐ Delete
NAME **ROSECRANS, SHAYNE A**
STREET ADDRESS **ONE RIVERWAY, STE. 500**
CITY-ST-ZIP **HOUSTON TX 77056**

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

TITLE **TACS** ☒ Delete
NAME **REYES, STEPHANIE**
STREET ADDRESS **ONE RIVERWAY STE 500**
CITY-ST-ZIP **HOUSTON TX 77056**

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: Shayne A. Rosecrans Shayne A. Rosecrans 01-23-02 (713) 888-0104

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)



ACCOUNT NO. : 072100000032

REFERENCE : 419083 7111512

AUTHORIZATION :

Patricia Pizeto

COST LIMIT : \$ 150

ORDER DATE : February 7, 2002

ORDER TIME : 11:11 AM

ORDER NO. : 419083-005

CUSTOMER NO: 7111512

CUSTOMER: Ms. Shayne A. Rosecrans
Coach Usa
One Riverway
Suite 500
Houston, TX 770561903

RECEIVED
02 FEB - 8 PM 2:54
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: TRYKAP TRANSPORTATION
MANAGEMENT, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds-EXT#1133

EXAMINER'S INITIALS: _____