

2002 UNIFORM BUSINESS REPORT (UBR) <sup>205</sup>

**FILED**  
**Feb 24, 2002 8:00 am**  
**Secretary of State**

02-24-2002 90004 011 \*\*\*150.00

**DOCUMENT # 680785**  
 1. Entity Name  
**REGENCY SQUARE FOOTACTION, INC.**

Principal Place of Business      Mailing Address  
**9501 ARLINGTON EXPY**      **ATTN: TAX DEPARTMENT**  
**#140 W**      **7880 BENT BRANCH DRIVE, SUITE 100**  
**JACKSONVILLE FL 32225**      **IRVING TX 75063**



DO NOT WRITE IN THIS SPACE

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      Applied For  
**04-2707538**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**UNITED STATES CORPORATION COMPANY**  
**1201 HAYS STREET**  
**SUITE 105**  
**TALLAHASSEE FL 32301**

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 \_\_\_\_\_ (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

|                |                                    |                                 |
|----------------|------------------------------------|---------------------------------|
| TITLE          | <b>PD</b>                          | <input type="checkbox"/> Delete |
| NAME           | <b>NEVILLE, SHAWN R</b>            |                                 |
| STREET ADDRESS | <b>7880 BENT BRANCH DR #100</b>    |                                 |
| CITY-ST-ZIP    | <b>IRVING TX</b>                   |                                 |
| TITLE          | <b>S</b>                           | <input type="checkbox"/> Delete |
| NAME           | <b>WINTON, NANCY L</b>             |                                 |
| STREET ADDRESS | <b>7880 BENT BRANCH DR #100</b>    |                                 |
| CITY-ST-ZIP    | <b>IRVING TX</b>                   |                                 |
| TITLE          | <b>TD</b>                          | <input type="checkbox"/> Delete |
| NAME           | <b>SIFES, TIMOTHY D</b>            |                                 |
| STREET ADDRESS | <b>7880 BENT BRANCH DR #100</b>    |                                 |
| CITY-ST-ZIP    | <b>IRVING TX 75063</b>             |                                 |
| TITLE          | <b>AS</b>                          | <input type="checkbox"/> Delete |
| NAME           | <b>RODRIGUEZ, VIKKI</b>            |                                 |
| STREET ADDRESS | <b>7880 BENT BRANCH DRIVE #100</b> |                                 |
| CITY-ST-ZIP    | <b>IRVING TX 75063</b>             |                                 |
| 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          | <b>VP / SECY</b>        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| CITY-ST-ZIP    |                         |  |
| TITLE          | <b>VP / D</b>           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>LEE D. APPLBAUM</b>  |  |
| STREET ADDRESS |                         |  |
| CITY-ST-ZIP    |                         |  |
| TITLE          | <b>VP</b>               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>WARREN Z. COLTER</b> |  |
| STREET ADDRESS |                         |  |
| CITY-ST-ZIP    |                         |  |
| 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 included 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: \_\_\_\_\_ **NANCY L WINTON**      2-4-02 (972) 501-5000  
 SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Telephone

CR2E034 (9/01)