

443

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 197503**

1. Entity Name

BROWARD MALL FOOTACTION, INC.**FILED**
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90041 003 ***150.00

Principal Place of Business

Mailing Address

BROWARD MALL
SPACE #216
AVENUE FL 33317**7880 BENT BRANCH DR**
STE 100
IRVING TX 75063-6046
US

CO



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

04-2213974

Applied For

Not Applicable

Zip

Country

Zip

Country

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

UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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	PD	<input type="checkbox"/> Delete
NAME	PARKS, RALPH T	
STREET ADDRESS	7880 BENT BRANCH DR, #100	
CITY-ST-ZIP	IRVING TX 75063	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	ALBERT, CHARLES M	
STREET ADDRESS	7880 BENT BRANCH DR, #100	
CITY-ST-ZIP	IRVING TX 75063	
TITLE	S	<input type="checkbox"/> Delete
NAME	WINTON, NANCY L	
STREET ADDRESS	7880 BENT BRANCH DR, #100	
CITY-ST-ZIP	IRVING TX 75063	
TITLE	AS	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, VIKKI	
STREET ADDRESS	7880 BENT BRANCH DR #100	
CITY-ST-ZIP	IRVING TX 75063	
TITLE	SVPD	<input type="checkbox"/> Delete
NAME	ROACH, DONALD V	
STREET ADDRESS	7880 BENT BRANCH DR #100	
CITY-ST-ZIP	IRVING TX 75063	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	R. SHAWN NEVILLE	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (5/99)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NANCY L WINTON**1-31-2000**

Date

972-501-5000

Daytime Phone #