

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 301864

1. Entity Name

GULF VIEW SQUARE FOOTACTION, INC.

Principal Place of Business

Mailing Address

9409 US HWY 19
SP 665 & 669
PT RICHEY FL 34668
US

7880 BENT BRANCH DR #100
IRVING TX 75063-6046
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

04-2398674

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

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 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 PD ☐ Delete
NAME RALPH T PARKS
STREET ADDRESS 7880 BENT BRANCH DR #100
CITY-ST-ZIP IRVING TX 75063

TITLE VD ☒ Delete
NAME CHARLES M ALBERT
STREET ADDRESS 7880 BENT BRANCH DR #100
CITY-ST-ZIP IRVING TX 75063

TITLE S ☐ Delete
NAME WINTON, NANCY L
STREET ADDRESS 7880 BENT BRANCH DR #100
CITY-ST-ZIP IRVING TX 75063

TITLE AS ☐ Delete
NAME RODRIGUEZ, VIKKI
STREET ADDRESS 7880 BENT BRANCH DR #100
CITY-ST-ZIP IRVING TX 75063

TITLE VP ☐ Delete
NAME ROACH, DONALD V
STREET ADDRESS 7880 BENT BRANCH RD #100
CITY-ST-ZIP IRVING TX 75063

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Delete
NAME R. SHAWN NEVILLE
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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

TITLE ☐ Change ☐ Delete
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NANCY L WINTON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-2000

Date

970-501-5000

Daytime Phone #