

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 358169

1. Entity Name

FOOTE STEEL CORPORATION

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90253 040 \*\*\*150.00

Principal Place of Business

6635 EDGEWATER DRIVE  
ORLANDO FL 32810  
US

Mailing Address

PO BOX 607736  
ORLANDO FL 32860-7736  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1280711

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

FOOTE, GEORGE E  
#1 DOWN DRIVE  
WINDERMERE FL 32786

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]  
Signature, typed or printed name of registered agent and title if applicable.

President  
(NOTE: Registered Agent signature required when reinstating)

1/19/00  
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	CD	<input type="checkbox"/> Delete
NAME	FOOTE, GEORGE E	
STREET ADDRESS	#1 DOWN DRIVE	
CITY-ST-ZIP	WINDERMERE FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	FOOTE, PHYLLIS J	
STREET ADDRESS	#1 DOWN DRIVE	
CITY-ST-ZIP	WINDERMERE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FOOTE, GEORGE E. JR.	
STREET ADDRESS	6635 EDGEWATER DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stewart, George T. Jr.	
STREET ADDRESS	6635 Edgewater Dr.	
CITY-ST-ZIP	Orlando, FL 32810	
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		
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 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

Date

1/19/00

Daytime Phone #

407/993-0120

CR2E034 (9/99)