

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90041 006 ***150.00

DOCUMENT # 411460
 1. Entity Name
ORANGE PARK (FLA.) FOOTACTION, INC.

Principal Place of Business 1910 WELLS RD STE D-18 ORANGE PARK FL 32073 US		Mailing Address ATTN: TAX DEPARTMENT 7880 BENT BRANCH DRIVE. STE 100 IRVING TX 75063-6046 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. #59 + 5 10		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **04-2508086** Applied For 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 HAYES 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P	<input type="checkbox"/> Delete		TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PARKS, RALPH T.			NAME	R. SHAWN NEVILLE		
STREET ADDRESS	7880 BENT BRANCH DR #100			STREET ADDRESS		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
CITY-ST-ZIP	IRVING TX			CITY-ST-ZIP			
TITLE	SVP	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALBERT, CHARLES M.			NAME			
STREET ADDRESS	7880 BENT BRANCH DR #100			STREET ADDRESS			
CITY-ST-ZIP	IRVING TX			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WINTON, NANCY L			NAME			
STREET ADDRESS	7880 BENT BRANCH DR #100			STREET ADDRESS			
CITY-ST-ZIP	IRVING TX			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PARKS, RALPH T.			NAME			
STREET ADDRESS	7880 BENT BRANCH DR #100			STREET ADDRESS			
CITY-ST-ZIP	IRVING TX			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALBERT, CHARLES M.			NAME			
STREET ADDRESS	7880 BENT BRANCH DR #100			STREET ADDRESS			
CITY-ST-ZIP	IRVING TX			CITY-ST-ZIP			
TITLE	SRVP	<input type="checkbox"/> Delete		TITLE	AS	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ROACH, DONALD V			NAME	VICKI, RODRIGUEZ		
STREET ADDRESS	7880 BENT BRANCH DR. #100			STREET ADDRESS	7880 BENT BRANCH DR. #100		
CITY-ST-ZIP	IRVING TX 75063			CITY-ST-ZIP	IRVING, TX 75063		

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: _____ DATE: 1-31-2000 DAYTIME PHONE #: 912-501-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR