

453

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 643638**

1. Entity Name

**FT. LAUDERDALE FOOTACTION, INC.****FILED**  
**Feb 16, 2000 8:00 am**  
**Secretary of State**

02-16-2000 90025 024 \*\*\*150.00

Principal Place of Business	Mailing Address
GALLERIA AT FT LAUDERDALE 2322 E SUNRISE BLVD FT LAUDERDALE FL 33304 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

4. FEI Number	Applied For
04-2709228	Not Applicable

5. Certificate of Status Desired	Additional Fee Required
<input type="checkbox"/>	\$8.75

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, 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	
TITLE	PD <input type="checkbox"/> Delete
NAME	PARKS, RALPH T
STREET ADDRESS	7880 BENT BRANCH DR #100
CITY-ST-ZIP	IRVING TX
TITLE	VD <input checked="" type="checkbox"/> Delete
NAME	ALBERT, CHARLES
STREET ADDRESS	7880 BENT BRANCH DR #100
CITY-ST-ZIP	IRVING TX
TITLE	VPT <input type="checkbox"/> Delete
NAME	ROACH, DONALD V
STREET ADDRESS	7880 BENT BRANCH DR, #100
CITY-ST-ZIP	IRVING TX 75063
TITLE	S <input type="checkbox"/> Delete
NAME	WINTON, NANCY W
STREET ADDRESS	7880 BENT BRANCH DR #100
CITY-ST-ZIP	IRVING TX
TITLE	AS <input type="checkbox"/> Delete
NAME	RODRIGUEZ, VIKKI
STREET ADDRESS	7880 BENT BRANCH DR, #100
CITY-ST-ZIP	IRVING TX 75063
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	R. SHAWN NEVILLE <input checked="" 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: \_\_\_\_\_

NANCY L WINTON

1-31-2000 972-501-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)