

2000 UNIFORM BUSINESS REPORT (UBR) 158.75

DOCUMENT # F95000005577

1. Entity Name

VANS OF DELAWARE, INC.

FILED

00 FEB 10 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

15700 SHOEMAKER AVENUE
SANTA FE SPRINGS CA 90670

Mailing Address

15700 SHOEMAKER AVENUE
SANTA FE SPRINGS CA 90670-5515

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

33-0272893

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

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

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 D ☐ Delete
NAME MCCOWN, GEORGE E
STREET ADDRESS 15700 SHOEMAKER AVENUE
CITY-ST-ZIP SANTA FE SPRINGS CA 90670

TITLE D ☐ Delete
NAME GRINSTEIN, GERALD
STREET ADDRESS 15700 SHOEMAKER AVENUE
CITY-ST-ZIP SANTA FE SPRINGS CA 90670

TITLE D ☐ Delete
NAME SCHAFF, PHILIP H JR.
STREET ADDRESS 15700 SHOEMAKER AVENUE
CITY-ST-ZIP SANTA FE SPRINGS CA 90670

TITLE D ☐ Delete
NAME FIX, WILBUR J
STREET ADDRESS 15700 SHOEMAKER AVENUE
CITY-ST-ZIP SANTA FE SPRINGS CA 90670

TITLE CD ☐ Delete
NAME SCHOENFELD, WALTER E
STREET ADDRESS 15700 SHOEMAKER AVENUE
CITY-ST-ZIP SANTA FE SPRINGS CA 90670

TITLE PD ☐ Delete
NAME SCHOENFELD, GARY H
STREET ADDRESS 15700 SHOEMAKER AVENUE
CITY-ST-ZIP SANTA FE SPRINGS CA 90670

TITLE ☐ Change ☐ Addition
NAME 700003131717--8
STREET ADDRESS -02/10/00--01105--001
CITY-ST-ZIP *****218.75 *****158.75

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

TITLE ☒ Change ☐ Addition
NAME DELETE - NO LONGER A DIRECTOR
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ 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 or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/31/00 562-565-8473

CR2E034 (9/99)