

2000 UNIFORM BUSINESS REPORT (UBR)

451

FILED
Feb 08, 2000 8:00 am
Secretary of State
 02-08-2000 90148 042 ***150.00

DOCUMENT # **H87538**

1. Entity Name

FLORIDA MALL FOOTACTION, INC.

Principal Place of Business

Mailing Address

**ORANGE BLOSSOM & SAND LAKE ROAD
 ORLANDO FL 32809
 US**

**7880 BENT BRANCH DRIVE
 STE 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

04-2902465

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 **PARKS, RALPH T**
 STREET ADDRESS **7880 BENT BRANCH DRIVE STE 700**
 CITY-ST-ZIP **IRVING TX**

TITLE ☐ Change ☐ Add
 NAME **R. SHAWN NEVILLE**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPD** ☐ Delete
 NAME **ALBERT, CHARLES M**
 STREET ADDRESS **7880 BENT BRANCH DR STE 100**
 CITY-ST-ZIP **IRVING TX**

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

TITLE **VPT** ☐ Delete
 NAME **ROACH, DONALD V**
 STREET ADDRESS **7880 BENT BRANCH DRIVE STE 100**
 CITY-ST-ZIP **IRVING TX 75063**

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

TITLE **VPS** ☐ Delete
 NAME **WINTON, NANCY L**
 STREET ADDRESS **7880 BENT BRANCH DRIVE STE 100**
 CITY-ST-ZIP **IRVING TX**

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

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Add
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NANCY L WINTON

1-31-2000

Date

972-501-50

Daytime Phone #