

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90025 029 ***150.00

DOCUMENT # L04824

1. Entity Name

MELBOURNE SQUARE FAN CLUB, INC.

Principal Place of Business

Mailing Address

1700 W NEW HAVEN AVE
 #835
 MELBOURNE FL 32904
 US

ATTN: TAX DEPARTMENT
 7880 BENT BRANCH DRIVE, SUITE 100
 IRVING TX 75063-6046

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

04-3058948

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

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	P	<input type="checkbox"/> Delete
NAME	PARKS, RALPH T.	
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	
TITLE	S	<input type="checkbox"/> Delete
NAME	WINTON, NANCY C	
STREET ADDRESS	7880 BENT BRANCH DR #100	
CITY-ST-ZIP	IRVING TX	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARKS, RALPH T	
STREET ADDRESS	7880 BENT BRANCH DR #100	
CITY-ST-ZIP	IRVING TX	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ALBERT, CHARLES M	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	R. SHAWN NEVILLE	
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		
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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-31-2000 972-501-5400

CR2E034 (9/99)