

# 2002 UNIFORM BUSINESS REPORT (UBR)

700215- ANR 2002

DOCUMENT # P00000018267

1. Entity Name  
ALTAMONTE SPRINGS FEET, INC.

FILED

02 OCT -7 AM 9:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
218 E. ALTAMONTE  
ALTAMONTE SPRINGS, FL 32701

Mailing Address  
933 MACARTHUR BOULEVARD  
MAHWAH, NJ 07430



2. Principal Place of Business  
**NO CHANGES**

3. Mailing Address  
**67 MILLBROOK STREET, WORCESTER MASS 01606**

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0984694

Applied For  
Not Applicable

Zip Country

Zip Country  
**USA**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

Name  
**NO CHANGES**

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 **NONE** (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, 2002 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  
NAME GORDON, JEFFREY A  
STREET ADDRESS 933 MACARTHUR BLVD  
CITY-ST-ZIP MAHWAH NJ 07430 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **NONE** ☐ Change ☐ Addition

TITLE VP  
NAME GUINNESSSEY, KATHLEEN  
STREET ADDRESS 933 MACARTHUR BLVD  
CITY-ST-ZIP MAHWAH NJ 07430 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 9000008326929-1  
-10/11/02--01003--016  
\*\*\*\*550.00 \*\*\*\*550.00 ☐ Change ☐ Addition

TITLE S  
NAME RICHARDS, MAUREEN  
STREET ADDRESS 933 MACARTHUR BLVD  
CITY-ST-ZIP MAHWAH NJ 07430 ☐ Delete

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

TITLE AS  
NAME SCHILLING, ROBERT K  
STREET ADDRESS 933 MACARTHUR BLVD  
CITY-ST-ZIP MAHWAH NJ 07430 ☐ Delete

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

TITLE T  
NAME GUINNESSSEY, KATHLEEN  
STREET ADDRESS 933 MACARTHUR BLVD  
CITY-ST-ZIP MAHWAH NJ 07430 ☐ Delete

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

TITLE D  
NAME SCHUBACK, MARC G  
STREET ADDRESS 933 MACARTHUR BLVD  
CITY-ST-ZIP MAHWAH NJ 07430 ☐ Delete

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

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: **Ron Steese**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SEP 15 2002 (508) 757-5006

Date Daytime Phone #

CR2E034 (9/01)