

190

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P93000026323****FILED**
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90041 002 ***150.00

Entity Name

MALL OF AMERICAS FOOTACTION, INC.

Principal Place of Business

Mailing Address

WEST FLAGLER STREET
#20
FL 33144**ATTN: TAX DEPARTMENT**
7880 BENT BRANCH DRIVE, SUITE 100
IRVING TX 75063-6046

COC



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0412471

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 HAYES STREET
SUITE 105
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 State10. 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VP/D ROACH, DONALD V 7880 BENT BRANCH DR 1 IRVING TX 75063 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SVP ALBERT, CHARLES M <input checked="" type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	7880 BENT BRANCH DR #100	STREET ADDRESS	
CITY-ST-ZIP	IRVING TX	CITY-ST-ZIP	
TITLE	S WINTON, NANCY L <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7880 BENT BRANCH DR #100	NAME	
STREET ADDRESS	IRVING TX	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	P/D PARKS, RALPH T <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7880 BENT BRANCH DR #100	NAME	R. SHAWN NEVILLE
STREET ADDRESS	IRVING TX	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	AS RODRIGUEZ, VIKKI <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7880 BENT BRANCH, DR 100	NAME	
STREET ADDRESS	IRVING TX 75063	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NANCY L. WINTON

Date

Daytime Phone #

1-30-2000 972-501-5000

CR2E034 (9/99)