

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000066574

1. Entity Name

PALM BEACH FOOTACTION, INC.

**FILED**  
Feb 05, 2001 8:00 am  
Secretary of State

02-05-2001 90051 002 \*\*\*150.00

Principal Place of Business

1801 PALM BEACH LAKES BLVD  
WEST PALM BEACH FL 33401

Mailing Address

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

710197



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 65-0467352

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY  
1201 HAYS STREET SUITE 105  
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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, 2001 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

TITLE **TD** ☐ Delete  
NAME **ROACH, DONALD**  
STREET ADDRESS **7880 BENT BRANCH DR #100**  
CITY-ST-ZIP **IRVING TX 75063**

TITLE **PD** ☐ Delete  
NAME **NEVILLE, R. SHAWN**  
STREET ADDRESS **7880 BENT BRANCH DR. #100**  
CITY-ST-ZIP **IRVING TX 75063**

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME **TIMOTHY D. SITES**  
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  
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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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**NANCY L. WINTON**

Date

Daytime Phone #

1-29-01 (972) 501-5000

CR2E034 (10/00)