

284

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000046552

Entity Name

TYRONE SQUARE FOOTACTION, INC.

FILED**Feb 08, 2000 8:00 am**
Secretary of State

02-08-2000 90041 001 ***150.00

Principal Place of Business

Mailing Address

22ND AVE. NORTH
PETE FL 33710ATTN: TAX DEPARTMENT
7880 BENT BRANCH DRIVE, SUITE 100
IRVING TX 75063-6046
US

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3255241

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYS ST.
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

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

OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<input type="checkbox"/> Delete PD PARKS, RALPH T 7880 BENT BRANCH DR #100 IRVING TX		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition R. SHAWN NEVILLE	
<input checked="" type="checkbox"/> Delete VD ALBERT, CHARLES M 7880 BENT BRANCH DR #100 IRVING TX		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete TD ROACH, DONALD V 7880 BENT BRANCH DR #100 IRVING TX 75063		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete S WINTON, NANCY L 7880 BENT BRANCH DR #100 IRVING TX		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete D PARKS, RALPH T 7880 BENT BRANCH DR #100 IRVING TX		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition AS VIKKI RODRIGUEZ 7880 BENT BRANCH DR #100 IRVING TX 75063	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Date

1-31-2000

Daytime Phone #

972-501-507