

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000076055**

1. Entity Name

DESIGNER SHOE OF FLORIDA, INC

FILED
Jun 07, 2000 8:00 am
Secretary of State

06-07-2000 90428 028 ***150.00

Principal Place of Business

Mailing Address

Colonial PLAZA MARKET CENTER
2790 E. Colonial Dr. Suite 300
Orlando, FL 32803

DESIGNER SHOE, INC
11381 S. Bridge Pkwy.
Alpharetta, GA 30022

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3394471

Applied For

Not Applicable

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

CHOYCE, CHARLES V JR
390 N. ORANGE AVE. Suite 1285
Orlando, FL 32801-1641

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	PD	<input type="checkbox"/> Delete
NAME	SHANNON, JOHN F	
STREET ADDRESS	241 SOUTHERN HILLS DR	
CITY-ST-ZIP	DULUTH, GA 30155	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LINDEN, HARVEY	
STREET ADDRESS	4301 WYNARD PL.	
CITY-ST-ZIP	BURKE, VA 22015	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SHANNON, BARBARA	
STREET ADDRESS	241 SOUTHERN HILLS DR	
CITY-ST-ZIP	DULUTH, GA 30155	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-2000

Date

678-393-0081

Daytime Phone #

CR2E034 (9/99)