

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N10448

1. Entity Name

FEET FIRST FIRST TIME, INC.

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90101 023 ****61.25

Principal Place of Business

Mailing Address

% TERRY HENRY
8383 NORTH DAVIS HIGHWAY
PENSACOLA FL 32514

% TERRY HENRY
8383 NORTH DAVIS HIGHWAY
PENSACOLA FL 32514-6039

2. Principal Place of Business

3. Mailing Address

University of West Florida
Suite, Apt. #, etc.

University of West Florida
Suite, Apt. #, etc.

11000 University Parkway
City & State

11000 University Parkway
City & State

Pensacola Florida
Zip Country
32514 USA

Pensacola Florida
Zip Country
32514 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2578370

Applied For
Not Applicable

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

Name

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

City

FL

Zip Code

HENRY, TERRY
8383 NORTH DAVIS HIGHWAY
PENSACOLA FL 32514

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	YOUNG, KURT	
STREET ADDRESS	8383 N DAVIS HWY	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DEATON, SUSANNE	
STREET ADDRESS	8383 N. DAVIS HWY	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FINLEY, JOE, CPA	
STREET ADDRESS	910 GARDENGAL CIRCLE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	MD	<input type="checkbox"/> Delete
NAME	HENRY, TERRY	
STREET ADDRESS	8383 N DAVIS HIGHWAY	
CITY-ST-ZIP	PENSACOLA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

1/18/00 (850) 473-7071
Date Daytime Phone #