

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90090 017 ****61.25

DOCUMENT # N10448

1. Entity Name

FEET FIRST FIRST TIME, INC.



Principal Place of Business

**UNIVERSITY OF WEST FLORIDA
11000 UNIVERSITY PARKWAY
PENSACOLA FL 32514**

Mailing Address

**UNIVERSITY OF WEST FLORIDA
11000 UNIVERSITY PARKWAY
PENSACOLA FL 32514**

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 **59-2578370**

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

HENRY, TERRY

**8383 NORTH DAVIS HIGHWAY
PENSACOLA FL 32514**

Name

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

UNIVERSITY OF WEST FLORIDA

11000 UNIVERSITY PARKWAY BLDG 41

City

PENSACOLA

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **BARNES, DANNA**
STREET ADDRESS **2190 AIRPORT BLVD, STE 3000**
CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **SCHMITZ, DR. MARCUS**
STREET ADDRESS **5149 N. 9TH AVE., STE 246**
CITY-ST-ZIP **PENSACOLA FL 32504**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MD** ☐ Delete
NAME **HENRY, TERRY**
STREET ADDRESS **8383 N DAVIS HIGHWAY**
CITY-ST-ZIP **PENSACOLA FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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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 REQUIRED: TERRY HENRY 4/10/03 (850) 473-7071

CR2E037 (10/02)