

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 28, 2000 8:00 am**
Secretary of State

02-28-2000 90077 001 ***150.00

DOCUMENT # P99000064634

1. Entity Name

BEST FOOT FORWARD, INC.

Principal Place of Business

**10800 N. MILITARY TRL., STE 111
PALM BEACH GARDENS FL 33410**

Mailing Address

**10800 N. MILITARY TRL., STE 111
PALM BEACH GARDENS FL 33410-6527****8245**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4262 NORTHLAKE BLVD.

3. Mailing Address

4262 NORTHLAKE BLVD.

Suite, Apt. #, etc.

SUITE 162

Suite, Apt. #, etc.

SUITE 162

City & State

PALM BEACH GARDENS, FL

City & State

PALM BEACH GARDENS, FL

4. FEI Number

65-0944361

Applied For

Not Applicable

Zip
33410Country
USAZip
33410Country
USA5. 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

**LESSER, GARY S
909 N. DIXIE HWY
WEST PALM BEACH FL 33401**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
THAW, ANDREW
10800 N. MILITARY TRL., STE 111
PALM BEACH FL 33410** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
SCHLAGER, MICHAEL
10800 N. MILITARY TRL., STE 111
PALM BEACH FL 33410** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
DUNCAN, SCOTT
4262 NORTHLAKE BLVD. SUITE 162
PALM BEACH GARDENS, FL 33410** ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
THAW, RICHARD
10800 N. MILITARY TRL., STE 111
PALM BEACH FL 33410** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

1/25/2000

Date

561-691-0341

Daytime Phone #

CR2E034 (9/99)