

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90162 029 ***150.00

DOCUMENT # P97000081500

1. Entity Name
LAGUNA LANDING DEVELOPMENT, INC.

Principal Place of Business
600 S. BARRACKS ST., STE. 210
PENSACOLA FL

Mailing Address
600 S. BARRACKS ST., STE. 210
PENSACOLA FL 32501-6043

C0006272



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4 LAGUNA STREET

3. Mailing Address
4 LAGUNA STREET

Suite, Apt. #, etc.
SUITE 201

Suite, Apt. #, etc.
SUITE 201

City & State
FWB FLA

City & State
FWB FLA

4. FEI Number **59-3474343**

Applied For
 Not Applicable

Zip
32540

Country
USA

Zip
32540

Country
USA

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

SCHWEIZER, WILLIAM T
866 SANTA ROSA BLVD
FT WALTON BEACH FL 32548

Name
SCHWEIZER, WILLIAM T.

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

SUITE 201

City **FWB** FL Zip Code **32540**

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 _____ (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	D SCHWEIZER, WILLIAM T 866 SANTA ROSA BLVD FT WALTON BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWEIZER, WILLIAM T. 4 LAGUNA STREET SUITE 201 FWB FLA 32540	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-2000

Date

980 301079

Daytime Phone #

CR2E034 (9/99)