

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000019444

1. Entity Name

BEAR FLATS LAND COMPANY

**FILED**  
**Feb 02, 2000 8:00 am**  
**Secretary of State**

02-02-2000 90042 033 \*\*\*150.00

Principal Place of Business

600 S BARRACKS ST  
SUITE 210  
PENSACOLA FL 32501  
US

Mailing Address

P.O. DRAWER 12684  
PENSACOLA FL 32574-2684  
US

2. Principal Place of Business

220 South Palafox St  
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Pensacola FL

City & State

4. FEI Number

59-3240475

Applied For

Not Applicable

Zip

32501

Country

Escambia

Zip

Country

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

HALFORD, DOUG  
600 S BARRACKS ST  
SUITE 210  
PENSACOLA FL 32501

Name

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

220 South Palafox Street

City

Pensacola

FL

Zip Code

32501

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	DP	<input type="checkbox"/> Delete
NAME	HALFORD, DOUGLAS C	
STREET ADDRESS	600 S BARRACKS ST., SUITE 210	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	DST	<input checked="" type="checkbox"/> Delete
NAME	SCHWEIZER, TODD	
STREET ADDRESS	600 S BARRACKS ST., SUITE 210	
CITY-ST-ZIP	PENSACOLA FL	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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

Date

Daytime Phone #

CR2E034 (9/99)