

# 2000 UNIFORM BUSINESS REPORT (UBR)

1/27/00-90114-046-\$150.00-\$150.00

DOCUMENT # P95000015338

1. Entity Name

COYOTE LAND CO., INC.

FILED

00 MAR -2 AM 9:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
866 SANTA ROSA BLVD.  
FT. WALTON BEACH FL 32548  
US

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4 LAGUNA STREET

Suite, Apt. #, etc.

SUITE 201

3. Mailing Address

P.O. Box 4941

Suite, Apt. #, etc.

City & State

FWB

FLA

City & State

FWB

FLA

4. FEI Number

59-3300519

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HALFORD, DOUGLAS C  
600 S BARRACKS ST.  
SUITE 210  
PENSACOLA FL 32501

7. Name and Address of New Registered Agent

Name TODD SCHWEIZER

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

4 LAGUNA STREET

SUITE 201

City  
FWB

FL

Zip Code  
32548

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

2/28/00

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

TITLE P  
NAME HALFORD, DOUGLAS C  
STREET ADDRESS 600 S BARRACKS ST., SUITE 210  
CITY-ST-ZIP PENSACOLA FL ☒ Delete

TITLE S  
NAME JOHNSON, BOLLEY L  
STREET ADDRESS 600 S BARRACKS ST., SUITE 210  
CITY-ST-ZIP PENSACOLA FL ☒ Delete

TITLE T  
NAME SCHWEIZER, TODD  
STREET ADDRESS 600 S BARRACKS ST., SUITE 210  
CITY-ST-ZIP PENSACOLA FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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)(f), 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

Todd Schweizer

1/24/00 301-0179

KE