

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000049674

1. Entity Name

SCHWEIZER FAMILY, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

60 MAR -3 AM 11:46

Principal Place of Business

Mailing Address

527 MARY ESTHER CUTOFF  
FT. WALTON BEACH FL 32548

527 MARY ESTHER CUTOFF  
FT. WALTON BEACH FL 32548

2. Principal Place of Business

4 LAGUNA STREET

3. Mailing Address

P.O. BOX 4441

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 201

City & State

City & State

FWB FLA.

FWB FLA.

Zip

Country

Zip

Country

32548

USA

32549

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3438057

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

SCHWEIZER, JOAN A  
527 MARY ESTHER CUTOFF  
FT. WALTON BEACH FL 32548

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

2-29-2000

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 PSD  
NAME SCHWEIZER, JOAN A  
STREET ADDRESS 527 MARY ESTHER CUTOFF  
CITY-ST-ZIP FT. WALTON BEACH FL 32548 ☐ Delete

TITLE VP  
NAME TODD SCHWEIZER  
STREET ADDRESS 4 LAGUNA STREET SUITE 201  
CITY-ST-ZIP FWB FLA. 32548 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
700003165807-6  
-03/10/00--01107--010  
\*\*\*\*150.00 \*\*\*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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)(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 #

2-29-2000

850 301 0179

CR2E034 (9/99)