

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90168 043 \*\*\*150.00

**DOCUMENT # P97000065329**

1. Entity Name

**CANOVA ESTATES DEVELOPMENT CORPORATION**

Principal Place of Business

Mailing Address

600 S BARRACKS ST  
 STE 210  
 PENSACOLA FL 32501  
 US

600 S BARRACKS ST  
 STE 210  
 PENSACOLA FL 32501-6043  
 US

2. Principal Place of Business

**4 LAGUNA STREET**

3. Mailing Address

**4 LAGUNA STREET**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SUITE 201**

**SUITE 201**

City & State

**FWB FLA**

City & State

**FWB FLA**

Zip

**32540**

Country

**USA**

Zip

**32540**

Country

**USA**

4. FEI Number

**59-3465171**

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

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

Name

**TODD SCHWEIZER**

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

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 **D** ☒ Delete  
 NAME **HALFORD, DOUGLAS C**  
 STREET ADDRESS **600 S BARRACKS ST, STE 210**  
 CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE **P/S** ☐ Change ☒ Addition  
 NAME **TODD SCHWEIZER**  
 STREET ADDRESS **4 LAGUNA STREET SUITE 201**  
 CITY-ST-ZIP **FWB FLA 32540**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

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TITLE ☐ Change ☐ 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 an other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #