

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 15, 2000 8:00 am**  
**Secretary of State**

06-15-2000 90005 017 \*\*\*550.00

DOCUMENT # P95000003030

1. Entity Name  
 26 NORTH, INC.

Principal Place of Business

Mailing Address

~~2161 PINWOODS CIRCLE~~  
~~NAPLES FL 34106~~  
~~05~~

~~2161 PINWOODS CIRCLE~~  
~~NAPLES FL 34105-2543~~

2. Principal Place of Business

3. Mailing Address

501 GOOLETTE RD NO.

501 GOOLETTE RD. NO

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE B-105

SUITE B-105

City & State

City & State

NAPLES FL.

NAPLES

Zip

Country

34102

USA

Zip

Country

FL

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0546652

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

WOLFE, DAVID L  
 28000 SPANISH WELL BLVD  
 STE 220  
 BONITA SPRINGS FL 34135

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

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	<input type="checkbox"/> Delete
D	PFLUEGER, JOHN W	<del>2161 PINWOODS CIRCLE</del>	<del>NAPLES FL</del>	<input type="checkbox"/>
D	PFLUEGER, GERALDINE S	<del>2161 PINWOODS CIRCLE</del>	<del>NAPLES FL</del>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
D	PFLUEGER, JOHN W.	401 BAYFRONT PL. # 3503	NAPLES FL 34102	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	PFLUEGER, GERALDINE S.	401 BAYFRONT PL. # 3503	NAPLES, FL. 34102	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

*John W Pflueger*  
 PRESIDENT

6-12-2000

(941) 263-7111

Date

Daytime Phone #

CR21074 (9/98)