

# 2000 UNIFORM BUSINESS REPORT (UBR)

71

**FILED**  
**Aug 17, 2000 8:00 am**  
**Secretary of State**

07-20-2000 90024 016 \*\*\*150.00

<b>DOCUMENT # P96000035919</b>			
1. Entity Name <b>726 CORPORATION</b>			
Principal Place of Business <b>726-D NW 8TH AVE GAINESVILLE FL 32601</b>		Mailing Address <b>726-D NW 8TH AVE GAINESVILLE FL 32601</b>	
2. Principal Place of Business		3. Mailing Address <b>P.O. Box 15688</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>GAINESVILLE FL</b>	
Zip	Country	Zip	Country
		<b>32604</b>	<b>FLORIDA</b>
4. FEI Number <b>59-3400619</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>LAWRENCE, F. PARKER 726-D NW 8TH AVE GAINESVILLE FL 32601</b>		7. Name and Address of New Registered Agent Name <b>SAME</b> Street Address (P.O. Box Number is Not Acceptable) <b>726-D NW AVE</b> Suite <b>D</b> City <b>GAINESVILLE</b> FL Zip Code <b>32601</b>	
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. <b>NEW Agent or Address is changed</b>			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$550.00 After SEPTEMBER 13, 2000 Min. will be \$750.00 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>D</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LAWRENCE, F. PARKER</b>	NAME	
STREET ADDRESS	<b>726-D NW 8TH AVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>GAINESVILLE FL 32601</b>	CITY-ST-ZIP	
TITLE	<b>D</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MUTCH, SAMUEL A</b>	NAME	
STREET ADDRESS	<b>726-D NW 8TH AVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>GAINESVILLE FL 32601</b>	CITY-ST-ZIP	
TITLE	<b>D</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BAUR, ED</b>	NAME	
STREET ADDRESS	<b>726-D NW 8TH AVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>GAINESVILLE FL 32601</b>	CITY-ST-ZIP	
TITLE	<b>D</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BAUR, JANICE</b>	NAME	
STREET ADDRESS	<b>10416 NW 18 AVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>GAINESVILLE FL</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: <b>SIGNATURE OF DIRECTOR</b>		Date <b>7/13/00</b> Daytime Phone <b>352-375-7104</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

C-32E034 (5/00)



Attachment  
DH#P9600035919  
309370

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

AUG 3 2000

July 29, 2000

010873

726 CORPORATION  
P.O. BOX 15688  
GAINESVILLE, FL 32604

Subject: ~~726 CORPORATION~~

Reference Number: P96000035919

Please be advised, we have received your annual report/uniform business report for the above corporation and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$400.00.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/ky

ANNUAL REPORTS SECTION

Marie <sup>said</sup> call → 1-850-487-6059 #2

Michelle



Attachment  
DHP96000035919  
309276

July 17, 2000

Department of Business

Ref: P96000035919

Enclosed please find the payment for the 2000 year as we never received the first notice, due to post office error, we are promptly returning payment in full.

Thank you for your assistance in this matter.

Copy of Original letter sent with  
report and payment.  
Thank you