

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90122 039 ***150.00

A0063733

DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000035919 ✓
Entity Name
 726 Corporation

Principal Place of Business **Mailing Address**
 726 NW 8th Avenue
 Gainesville, FL 32601

2. Principal Place of Business **3. Mailing Address**
 726 NW 8th Ave. P O Box 15688
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
 Gainesville, FL 32601 Gainesville, FL 32601
Zip **Country** **Zip** **Country**
 32601 USA 32604 USA

4. FEI Number **Applied For**
 59-3400619 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 F Parker Lawrence
 726-D NW 8 Ave
 Gainesville FL 32601

7. Name and Address of New Registered Agent
 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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ **FILE NOW!!! FEE IS \$150.00**
(See criteria on back) **After MAY 1, 2001 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**

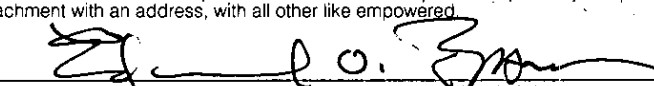
11. OFFICERS AND DIRECTORS

TITLE	Director <input type="checkbox"/> Delete
NAME	F Parker Lawrence
STREET ADDRESS	726 NW 8 Ave Gainesville FL 32601
CITY-ST-ZIP	
TITLE	Director <input type="checkbox"/> Delete
NAME	Samuel A Mutch
STREET ADDRESS	726 NW 8 Ave
CITY-ST-ZIP	Gainesville FL 32601
TITLE	Director <input type="checkbox"/> Delete
NAME	Edward O Baur
STREET ADDRESS	726 NW 8 Ave
CITY-ST-ZIP	Gainesville FL 32601
TITLE	Director <input type="checkbox"/> Delete
NAME	Janice Baur
STREET ADDRESS	10416 NW 18 Ave
CITY-ST-ZIP	Gainesville FL 32601
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:  **4/24/01** **352-375-7104**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)