

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 26, 2000 08:00 AM

Secretary of State

DOCUMENT # 851345

1. Entity Name
JAMES N. GRAY COMPANY

Principal Place of Business

10 QUALITY ST

LEXINGTON

405071450

KY

US

Mailing Address

P.O. BOX 8330

LEXINGTON

405338330

KY

US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

61-0990546

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD

PLANTATION
33324

FL

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)

01/26/2000

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 EV ☐ Delete
NAME GRAY, JAMES P., II
STREET ADDRESS 216 MANHIT ST
CITY-ST-ZIP LEXINGTON KY

TITLE EV ☒ Change ☐ Addition
NAME GRAY, JAMES P., II
STREET ADDRESS 216 MARKET ST
CITY-ST-ZIP LEXINGTON KY 40507

TITLE AT ☐ Delete
NAME PARKER, J. SCOTT
STREET ADDRESS 2529 ABBEYWOOD PL
CITY-ST-ZIP LEXINGTON KY

TITLE AT ☒ Change ☐ Addition
NAME PARKER, J. SCOTT
STREET ADDRESS 2529 ABBEYWOOD PL
CITY-ST-ZIP LEXINGTON KY 40515

TITLE DC ☐ Delete
NAME GRAY, LOIS H
STREET ADDRESS HIGHLAND PARK
CITY-ST-ZIP GLASGOW KY

TITLE DC ☒ Change ☐ Addition
NAME GRAY, LOIS H
STREET ADDRESS HIGHLAND PARK
CITY-ST-ZIP GLASGOW KY 42141

TITLE VT ☐ Delete
NAME PARRISH, DANNY B.
STREET ADDRESS 4021 WEBER WAY
CITY-ST-ZIP LEXINGTON KY

TITLE DV ☒ Change ☐ Addition
NAME STEPHEN A. GRAY
STREET ADDRESS 1109 FINCASTLE
CITY-ST-ZIP LEXINGTON KY 40502

TITLE VS ☐ Delete
NAME GRAY, FRANKLIN N.
STREET ADDRESS 219 S HANOVER
CITY-ST-ZIP LEXINGTON KY

TITLE VS ☒ Change ☐ Addition
NAME GRAY, FRANKLIN N.
STREET ADDRESS 219 S HANOVER
CITY-ST-ZIP LEXINGTON KY 40501

TITLE PD ☐ Delete
NAME GRAY, C.C. HOWARD
STREET ADDRESS 2411 ISLAND DR
CITY-ST-ZIP LEXINGTON KY

TITLE PD ☒ Change ☐ Addition
NAME GRAY, C.C. HOWARD
STREET ADDRESS 1217 DELONG ROAD
CITY-ST-ZIP LEXINGTON KY 40515

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: J. Scott Parker

VE 01/26/2000