

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 16, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # 851345**1. Entity Name  
**JAMES N. GRAY COMPANY**Principal Place of Business  
10 QUALITY ST  
LEXINGTON KY 405071450 US  
Mailing Address  
P.O. BOX 8330  
LEXINGTON KY 405338330 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip Country Zip Country

4. FEI Number  
**61-0990546**Applied For  
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROADPLANTATION FL  
33324

## 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 \_\_\_\_\_ **01/16/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 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	EV	<input type="checkbox"/> Delete
NAME	GRAY, JAMES P., II	
STREET ADDRESS	216 MARKET ST	
CITY-ST-ZIP	LEXINGTON KY 40507	
TITLE	AT	<input type="checkbox"/> Delete
NAME	PARKER, J. SCOTT	
STREET ADDRESS	2529 ABBEYWOOD PL	
CITY-ST-ZIP	LEXINGTON KY 40515	
TITLE	DC	<input type="checkbox"/> Delete
NAME	GRAY, LOIS H	
STREET ADDRESS	HIGHLAND PARK	
CITY-ST-ZIP	GLASGOW KY 42141	
TITLE	DV	<input type="checkbox"/> Delete
NAME	STEPHEN A. GRAY	
STREET ADDRESS	1109 FINCASTLE	
CITY-ST-ZIP	LEXINGTON KY 40502	
TITLE	VS	<input type="checkbox"/> Delete
NAME	GRAY, FRANKLIN N.	
STREET ADDRESS	219 S HANOVER	
CITY-ST-ZIP	LEXINGTON KY 40501	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GRAY, C.C. HOWARD	
STREET ADDRESS	1217 DELONG ROAD	
CITY-ST-ZIP	LEXINGTON KY 40515	

## 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:** Scott Parker

AT

01/16/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)