

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 404366

1. Entity Name

GAY AND H CORPORATION

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90039 045 ***150.00

00030056



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
330 HOMESTEAD AVE HIGH POINT NC 27262	330 HOMESTEAD AVE HIGH POINT NC 27262-7801

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	59-1405970	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
----------------------------------	--------------------------	--------------------------------

6. Name and Address of Current Registered Agent
SMITH, STEPHEN P. JR. 1316 BARNETT BANK BLDG. JACKSONVILLE FL 32202

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. ☐
(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

TITLE	D	<input type="checkbox"/> Delete
NAME	DARR, DOROTHY GAY	
STREET ADDRESS	504 W HIGHT ST	
CITY-ST-ZIP	HIGH POINT, NC 00000	
TITLE	T	<input type="checkbox"/> Delete
NAME	GRAY, J.R.	
STREET ADDRESS	29 WORCHESTER SQ.	
CITY-ST-ZIP	BOSTON MA	
TITLE	D	<input type="checkbox"/> Delete
NAME	NASH, PATRICIA	
STREET ADDRESS	305 PARRIS AVE.	
CITY-ST-ZIP	HIGH POINT, NC 00000	
TITLE	DP	<input type="checkbox"/> Delete
NAME	GAY, R FRANK, JR	
STREET ADDRESS	3423 COUFAT B PLACE	
CITY-ST-ZIP	DENVER, CO 00000	
TITLE	S	<input type="checkbox"/> Delete
NAME	GAY, LOIS H	
STREET ADDRESS	330 HOMESTEAD AVE	
CITY-ST-ZIP	HIGH POINT, NC 00000	
TITLE	P	<input type="checkbox"/> Delete
NAME	GAY, R FRANK	
STREET ADDRESS	330 HOMESTEAD AVE	
CITY-ST-ZIP	HIGH POINT, NC 00000	

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: Stephen P. Smith 3-14-2000 336-869 5242
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #