

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2001 8:00 am
Secretary of State

06-04-2001 90005 050 ***150.00

DOCUMENT # 446564

1. Entity Name

JOHN W GRAY INSURANCE AGENCY INC

Principal Place of Business	Mailing Address
3400 9TH ST N ST 304 NAPLES, FL 34103-3717 US	3400 9TH ST N ST 304 NAPLES, FL 34103-3717 US

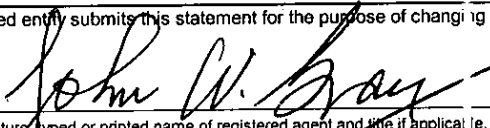
C0070851

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		C/O JOHN W GRAY		59-1509681		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
NAPLES, FL		NAPLES, FL					
Zip	Country	Zip	Country				
34103	USA	34103	USA				

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GRAY, JOHN W 3400 N TAMIAMI TRAIL NAPLES, FL 34103		Name GRAY, JOHN W Street Address (P.O. Box Number is Not Acceptable) 210 BAY POINT City NAPLES FL Zip Code 34103	

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 5/29/01

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**
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAY, JOHN W	NAME	
STREET ADDRESS	210 BAY POINT	STREET ADDRESS	
CITY - ST - ZIP	NAPLES, FL 34103	CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAY, WILLIA JOY	NAME	
STREET ADDRESS	210 BAY POINT	STREET ADDRESS	
CITY - ST - ZIP	NAPLES, FL 34103	CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAY, THOMAS RANDALL	NAME	
STREET ADDRESS	3400 9TH ST N ST 304	STREET ADDRESS	
CITY - ST - ZIP	NAPLES, FL 34103	CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORKIN, AMELIA S	NAME	
STREET ADDRESS	6100 LAKE FOREST DR NW STE 280	STREET ADDRESS	
CITY - ST - ZIP	ATLANTA, GA 30328	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)(l), 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:  DATE 5/29/01 (828) 526-2831

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #