

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 615555

1. Entity Name

GREGORY, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90003 009 ***150.00

Principal Place of Business

770 S. DIXIE HWY
250
CORAL GABLES FL 33146
US

Mailing Address

PO BOX 141916
CORAL GABLES FL 33114-1916
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

500 N. Akard

2500

Dallas Tx

75201



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1899201

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GREGORY, GARY
770 S. DIXIE HWY
SUITE 250
CORAL GABLES FL 33146

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)

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	PD	<input checked="" type="checkbox"/> Delete
NAME	GREGORY, GARY	
STREET ADDRESS	770 S. DIXIE HWY.	
CITY-ST-ZIP	CORAL GABLES, FL 00000	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MACEWAN, BARRY W	
STREET ADDRESS	770 S. DIXIE HWY.	
CITY-ST-ZIP	CORAL GABLES, FL 00000	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	HAYNES, JEFFREY	
STREET ADDRESS	770 S. DIXIE HWY.	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	LINARES, OTMARA	
STREET ADDRESS	770 S. DIXIE HWY.	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Chairman + Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gary R. Griffith	
STREET ADDRESS	500 N. Akard, Ste 2500	
CITY-ST-ZIP	Dallas Tx 75201	
TITLE	VP, CFO, Secretary Treas + Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	C Jeff Pan	
STREET ADDRESS	500 N. Akard, Ste 2500	
CITY-ST-ZIP	Dallas Tx 75201	
TITLE	SVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stephanie D. Bowman	
STREET ADDRESS	500 N. Akard, Suite 2500	
CITY-ST-ZIP	Dallas, Tx 75201	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-00

Date

214-740-2727

Daytime Phone #

CR2E034 (9/99)