

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 720055

1. Entity Name

BISHOP GRAY INNS, INC.

**FILED**  
**Jun 09, 2000 8:00 am**  
**Secretary of State**

06-09-2000 90021 048 \*\*\*\*61.25

Principal Place of Business

Mailing Address

SUITE 800 FIRSTSTATE TOWER  
255 SOUTH ORANGE AVENUE  
ORLANDO FL 32801

SUITE 800 FIRSTSTATE TOWER  
255 SOUTH ORANGE AVENUE  
ORLANDO FL 32801-3452

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

59-0696299

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

MACKINNON, ALEXANDER C.  
SUITE 800, FIRSTSTATE TOWER  
255 SOUTH ORANGE AVENUE  
ORLANDO FL 32801

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

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VPT ☐ Delete  
NAME HOWE, JOHN W  
STREET ADDRESS 1017 E ROBINSON ST  
CITY-ST-ZIP ORLANDO FL 32801

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PT ☐ Delete  
NAME SCHOFIELD, CALVIN  
STREET ADDRESS 525 NE 15TH ST  
CITY-ST-ZIP MIAMI FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ST ☐ Delete  
NAME MCKINNON, ALEXANDER C.  
STREET ADDRESS 255 SO ORANGE AVE, STE 800  
CITY-ST-ZIP ORLANDO, FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE AS ☐ Delete  
NAME WHITMORE, GLENDA L  
STREET ADDRESS PO BOX 668, 206 W. ORANGE ST  
CITY-ST-ZIP DAVENPORT FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TT ☐ Delete  
NAME HATCHER, MARION F  
STREET ADDRESS 11 SO BUMLEY AVE  
CITY-ST-ZIP ORLANDO FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)