

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 720055

FILED
Apr 03, 2002 8:00 AM
Secretary of State

Entity Name: BISHOP GRAY INNS, INC.

Current Principal Place of Business:

SUITE 800 FIRSTSTATE TOWER
255 SOUTH ORANGE AVENUE
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

SUITE 800 FIRSTSTATE TOWER
255 SOUTH ORANGE AVENUE
ORLANDO, FL 32801

New Mailing Address:

FEI Number: 59-0696299

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: HOWE, JOHN W
Address: 1017 E ROBINSON ST
City-St-Zip: ORLANDO, FL 32801

Title: RR () Delete
Name: LIPSCOMB, JOHN
Address: P.O. BOX 491
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: ST () Delete
Name: MCKINNON, ALEXANDER, C.
Address: 255 SO ORANGE AVE, STE 800
City-St-Zip: ORLANDO, FL,

Title: AS () Delete
Name: WHITMORE, GLENDA L
Address: PO BOX 668, 206 W. ORANGE ST
City-St-Zip: DAVENPORT, FL

Title: TT () Delete
Name: COLADO, GUY
Address: 121 W. KINGS WAY
City-St-Zip: WINTER PARK, FL 32789

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: HOWE, JOHN W RT REV
Address: 1017 E ROBINSON ST
City-St-Zip: ORLANDO, FL 32801

Title: VP (X) Change () Addition
Name: LIPSCOMB, JOHN RT REV
Address: P. O. BOX 763
City-St-Zip: ELLENTON, FL 34222

Title: ST (X) Change () Addition
Name: MACKINNON, ALEXANDER C MR
Address: 255 SO ORANGE AVE, STE 800
City-St-Zip: ORLANDO, FL 32801

Title: AS (X) Change () Addition
Name: ALDRIDGE, GLENDA L MS
Address: 206 W. ORANGE ST
City-St-Zip: DAVENPORT, FL 33837

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: FRADE, LEO RT REV
Address: 525 NE 15TH STREET
City-St-Zip: MIAMI, FL 33132

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALEXANDER C MACKINNON

ST

04/03/2002

Electronic Signature of Signing Officer or Director

Date