

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 850722

1. Entity Name

THE GRAY INSURANCE COMPANY

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90154 035 \*\*\*150.00

Principal Place of Business

Mailing Address

3601 N I-10 SERVICE RD  
METAIRIE LA 70002-7045  
US

P O BOX 6202  
METAIRIE LA 70009-6202  
US

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

72-0824217

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

INSURANCE COMMISSIONER STATE OF FLORIDA  
CAPITAL BLDG  
TALLAHASSEE FL FL 32301

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 ☐ Delete  
NAME CD  
STREET ADDRESS GRAY, DENVER F.  
CITY-ST-ZIP 3601 N I-10 SERVICE RD W  
METAIRIE LA

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

TITLE ☐ Delete  
NAME TD  
STREET ADDRESS HUGES, ROBERT M =  
CITY-ST-ZIP 3601 N I-10 SERVICE RD W.  
METAIRIE LA

TITLE ☒ Change ☐ Addition  
NAME TD  
STREET ADDRESS HUGES, ROBERT M.  
CITY-ST-ZIP 3601 N I-10 SERVICE RD W.  
METAIRIE, LA 70002-7045

TITLE ☐ Delete  
NAME VPD  
STREET ADDRESS GRAY, WALTER VERLANDER  
CITY-ST-ZIP 3601 N I-10 SERVICE RD W  
METAIRIE LA

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP METAIRIE, LA 70002-7045

TITLE ☐ Delete  
NAME PD  
STREET ADDRESS GRAY, MICHAEL TOWNSEND  
CITY-ST-ZIP 3601 N I-10 SERVICE ROAD W  
METAIRIE LA

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP METAIRIE, LA 70002-7045

TITLE ☐ Delete  
NAME VPD  
STREET ADDRESS GRAY, ERIC VERLANDER  
CITY-ST-ZIP 3601 N I-10 SERVICE ROAD W  
METAIRIE LA

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP METAIRIE, LA 70002-7045

TITLE ☐ Delete  
NAME S  
STREET ADDRESS MANGUNO, MARK STEVEN  
CITY-ST-ZIP 3601 N I-10 SERVICE ROAD W  
METAIRIE LA

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP METAIRIE, LA 70002-7045

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

4/25/00

Date

(504) 888-7790

Daytime Phone #

ROBERT M. HUGHES, TREASURER

CR2E034 (9/99)