

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Jan 26, 2000 08:00 AM**  
**Secretary of State**

**DOCUMENT # 851345**

1. Entity Name  
**JAMES N. GRAY COMPANY**

Principal Place of Business 10 QUALITY ST  LEXINGTON KY 405071450 US	Mailing Address P.O. BOX 8330  LEXINGTON KY 405338330 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number <b>61-0990546</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD  PLANTATION FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
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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 **01/26/2000**  
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	EV	<input type="checkbox"/> Delete		TITLE	EV	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GRAY, JAMES P., II			NAME	GRAY, JAMES P., II		
STREET ADDRESS	216 MANHIT ST			STREET ADDRESS	216 MARKET ST		
CITY-ST-ZIP	LEXINGTON KY			CITY-ST-ZIP	LEXINGTON KY 40507		
TITLE	AT	<input type="checkbox"/> Delete		TITLE	AT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PARKER, J. SCOTT			NAME	PARKER, J. SCOTT		
STREET ADDRESS	2529 ABBEYWOOD PL			STREET ADDRESS	2529 ABBEYWOOD PL		
CITY-ST-ZIP	LEXINGTON KY			CITY-ST-ZIP	LEXINGTON KY 40515		
TITLE	DC	<input type="checkbox"/> Delete		TITLE	DC	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GRAY, LOIS H			NAME	GRAY, LOIS H		
STREET ADDRESS	HIGHLAND PARK			STREET ADDRESS	HIGHLAND PARK		
CITY-ST-ZIP	GLASGOW KY			CITY-ST-ZIP	GLASGOW KY 42141		
TITLE	VT	<input type="checkbox"/> Delete		TITLE	DV	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PARRISH, DANNY B.			NAME	STEPHEN A. GRAY		
STREET ADDRESS	4021 WEBER WAY			STREET ADDRESS	1109 FINCASTLE		
CITY-ST-ZIP	LEXINGTON KY			CITY-ST-ZIP	LEXINGTON KY 40502		
TITLE	VS	<input type="checkbox"/> Delete		TITLE	VS	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GRAY, FRANKLIN N.			NAME	GRAY, FRANKLIN N.		
STREET ADDRESS	219 S HANOVER			STREET ADDRESS	219 S HANOVER		
CITY-ST-ZIP	LEXINGTON KY			CITY-ST-ZIP	LEXINGTON KY 40501		
TITLE	PD	<input type="checkbox"/> Delete		TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GRAY, C.C. HOWARD			NAME	GRAY, C.C. HOWARD		
STREET ADDRESS	2411 ISLAND DR			STREET ADDRESS	1217 DELONG ROAD		
CITY-ST-ZIP	LEXINGTON KY			CITY-ST-ZIP	LEXINGTON KY 40515		

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.