

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
 04-30-2001 90066 027 ***150.00

DOCUMENT # F96000005005

1. Entity Name

GRAY FLORIDA HOLDINGS, INC.

Principal Place of Business

**1306 THOMASVILLE RD
 TALLAHASSEE FL 32303
 US**

Mailing Address

**P.O. BOX 1867
 126 N. WASHINGTON STREET
 ALBANY GA 31702-1867
 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 **58-2254140**

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

**CHOMAT, BOB JR
 1306 THOMASVILLE ROAD
 TALLAHASSEE FL 32303**

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	PRATHER, ROBERT S	
STREET ADDRESS	4370 PEACHTREE RD., NE	
CITY-STATE-ZIP	ATLANTA GA 30327	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOGER, RICHARD L	
STREET ADDRESS	303 TOWNSEND PL NW	
CITY-STATE-ZIP	ATLANTA GA	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOWELL, HILTON H JR	
STREET ADDRESS	567 PEACHTREE BATTLE AVE	
CITY-STATE-ZIP	ATLANTA GA	
TITLE	C	<input type="checkbox"/> Delete
NAME	MAYHER, WILLIAM E III	
STREET ADDRESS	2520 DOUBLEGATE DR	
CITY-STATE-ZIP	ALBANY GA	
TITLE	D	<input type="checkbox"/> Delete
NAME	NEWTON, HOWELL W	
STREET ADDRESS	219 BROOKLYN AVE	
CITY-STATE-ZIP	FORSYTH GA	
TITLE	D	<input type="checkbox"/> Delete
NAME	NORTON, HUGH	
STREET ADDRESS	830 GULF SHORES DR UNIT 5121	
CITY-STATE-ZIP	DESTIN FL	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-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:

J. S. Cowart, IV Jackson S. Cowart, IV

4-19-01

(229) 434-8741

Date

Daytime Phone #

CR2E034 (10/00)