

2000 UNIFORM BUSINESS REPORT (UBR)

0013734 AF

DOCUMENT # MO2000002627

1. Entity Name
GRAY HOLDINGS, LLC

FILED
00 APR 11 AM 9:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
 RIVERFRONT PLAZA, EAST TOWER
 951 EAST BYRD STREET, SUITE 910
 RICHMOND VA 23219

Mailing Address
 RIVERFRONT PLAZA, EAST TOWER
 951 EAST BYRD STREET, SUITE 910
 RICHMOND VA 23219-4075

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number 54-1872713

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
 CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DUFF, CHARLES F 10 LOCKHART CIRCLE FREDERICKSBURG VA 22401	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRAY, BRUCE B RIVERFRONT PLZ, E. TWR/951 E BYRD ST #910 RICHMOND-VA-23219	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRAY, ELMON T RIVERFRONT PLZ, E. TWR/951 E BYRD ST #910 RICHMOND VA 23219	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRAY, GARLAND II RIVERFRONT PLZ, E. TWR/951 E BYRD ST #910 RICHMOND VA 23219	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRAY, HORACE A III RIVERFRONT PLZ, E. TWR/951 E BYRD ST #910 RICHMOND VA 23219	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRAY, LAWRENCE L WHEAT FIRST UNION/901 E. BYRD ST. RICHMOND VA 23219	☐ Delete

10. ADDITIONS/CHANGES

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED **4/3/00** **804/643-2350**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)