

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001447

1. Entity Name

GRAY PROPERTY 3204, LLC

Principal Place of Business

951 E. BYRD STREET, SUITE 910
RIVERFRONT PLAZA - EAST TOWER
VIRGINIA FL 23219

Mailing Address

951 E. BYRD STREET, SUITE 910
RIVERFRONT PLAZA - EAST TOWER
VIRGINIA FL 23219

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

54-1874830

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

Signature, typed or printed name of registered agent and title if applicable.

(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
MGRM GRAY HOLDINGS, LLC ☐ Delete
STREET ADDRESS
951 E. BYRD STREET, SUITE 910
CITY- ST- ZIP
VIRGINIA FL 23219

TITLE NAME
☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME
☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME
☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME
☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME
☐ Delete
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS / CHANGES

TITLE NAME
200000321 ☐ Change ☐ Addition
STREET ADDRESS
-04/20/00--01100--020
CITY- ST- ZIP
*****50.00 *****50.00

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

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

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/3/00

Date

804/643-2350

Daytime Phone #

CR2E083 (9/99)