2002 UNIFORM BUSINESS REPORT (UBR) **FILED** May 14, 2002 8:00 am Secretary of State DOCUMENT # N01000001213 1. Entity Name **BURTON FOUNDATION, INC.** 05-14-2002 90272 040 ****61.25 Principal Place of Business Mailing Address 3 LITTLE DUNES CIRCLE 3 LITTLE DUNES CIRCLE AMELIA ISLAND PLANTATION AMELIA ISLAND PLANTATION AMELIA ISLAND FL 32034 AMELIA ISLAND FL 32034 2. Principal Place of Business 3. Mailing Address 1899 Sycamore Lane 1899 Sycamore Lane Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Fernandina Beach, <u>Fernandina Beach.</u> 73=1584983 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 32034 <u> 32034</u> Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GRAY, ROBERT C Street Address (P.O. Box Number is Not Acceptable) -3-LITTLE DUNES CIRCLE 1899 Sycamore Lane -AMELIA ISLAND PLANTATION Fernandina Beach, FL -AMELIA ISLAND FL 32034 32034 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. Election Campaign Financing FILE NOW: FEE IS \$61,25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE Change X Addition D NAME Robert C. Gray STREET ADDRESS STREET ADDRESS 1899 Sycamore Lane CITY-ST-ZIP CITY-ST-ZIP Fernandina Beach, FL 32034 TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME Elizabeth D. Wall STREET ADDRESS STREET ADDRESS 2731 Weaver Hill Drive CITY-ST-ZIP CITY-ST-ZIP Apex, NC 27502 TITLE ☐ Delete TITLE. Addition Change D NAMÉ NAME Joseph M. Gray STREET ADDRESS STREET ADDRESS 139 Colwyn Lane CITY-ST-ZIP CITY-ST-ZIP Balla Cynwyd, PA 19004 ☐ Delete ☐ Change ★ Addition NAME NAME David A. Gray STREET ADDRESS STREET ADDRESS Route 1, Box 115 CITY-ST-ZIP CITY-ST-ZIP <u>Coweta, OK 74429</u> ☐ Delete TITLE D S Change Addition NAME Gretchen S. Gray STREET ADDRESS STREET ADDRESS 6700 Acorn Drive CITY-ST-ZIP CITY-ST-7IP Oklahoma City, OK 73151 TITLE Delete TITLE ☐ Change Addition DΡ NAME NAME Barry S. Gray STREET ADDRESS STREET ADDRESS 6700 Acorn Drive CITY-ST-7IP CITY-ST-ZIP Oklahoma City, OK 73151

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

771-4258

Daytime Phone #

(9/01) CR2E037