

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90233 027 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N01000001213 1. Entity Name BURTON FOUNDATION, INC.					
Principal Place of Business 1899 SYCAMORE LANE FERNANDINA BEACH, FL 32034		Mailing Address 1899 SYCAMORE LANE FERNANDINA BEACH, FL 32034			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 73-1584983	
5. Certificate of Status Desired ☐		Applied For ☐ Not Applicable			
6. Name and Address of Current Registered Agent GRAY, ROBERT C 3 LITTLE DUNES CIRCLE AMELIA ISLAND PLANTATION AMELIA ISLAND, FL 32034					
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when filing.)					
FILE NOW: FEE IS \$81.25		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAY, ROBERT C 1899 SYCAMORE LANE FERNANDINA BEACH, FL 32034		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALL, ELIZABETH D 2731 WEAVER HILL DRIVE APEX, NC 27602		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAY, JOSEPH M 139 COLWYN LANE BALA CYNWYD, PA 19004		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAY, DAVID A RT.1 - BOX 116 COWETA, OK 74429		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GRAY, GRETCHEN S 6700 ACORN DRIVE OKLAHOMA CITY, OK 73161		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GRAY, BARRY S 6700 ACORN DRIVE OKLAHOMA CITY, OK 73161		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Brutchen S. Gray</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			5/9/03 405 771-4258 Date Daytime Phone #		

10104074



☐ CHECK HERE IF MAKING CHANGES

CR2E037 (10/02)