

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N50378

1. Entity Name

BISHOP GRAY INNS FOUNDATION, INC.

Principal Place of Business

255 SOUTH ORANGE AVENUE
FIRSTSTATE TOWER, SUITE 800
ORLANDO FL 32801

Mailing Address

255 SOUTH ORANGE AVENUE
FIRSTSTATE TOWER, SUITE 800
ORLANDO FL 32801

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

59-3147331

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

MACKINNON, ALEXANDER C.
255 SOUTH ORANGE AVE.
SUITE 800
ORLANDO FL 32801

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TP
NAME WADE, PHILIP ☒ Delete
STREET ADDRESS 525 N.E. 15TH ST
CITY-ST-ZIP MIAMI FL

TITLE T P
NAME Rt. Rev. John W. Howe ☒ Change ☐ Addition
STREET ADDRESS 1017 Robinson St
CITY-ST-ZIP Orlando FL 32801

TITLE TV
NAME WEEKS, MARTA S. ☒ Delete
STREET ADDRESS 7950 SW 162 STR
CITY-ST-ZIP MIAMI FL

TITLE T VP
NAME Rt. Rev. John Lipscomb ☒ Change ☐ Addition
STREET ADDRESS P.O. Box 763
CITY-ST-ZIP Ellenon FL 34222

TITLE TT
NAME HATCHER, MARION F. ☒ Delete
STREET ADDRESS 14 SOUTH BUNBY AVE.
CITY-ST-ZIP ORLANDO FL

TITLE T T
NAME Guy D. Colabo ☒ Change ☐ Addition
STREET ADDRESS 121 W. King Way
CITY-ST-ZIP Winter Park FL 32789

TITLE TS
NAME MACKINNON, ALEXANDER C ☐ Delete
STREET ADDRESS STE 800 FIRSTSTATE TOWER
CITY-ST-ZIP ORLANDO FL

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

TITLE AS
NAME WHITMORE, GLENDA L ☐ Delete
STREET ADDRESS 206 W. ORANGE ST
CITY-ST-ZIP DAVENPORT FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Alexander C. Mackinnon

Alexander C. Mackinnon 4/30/01

407-843-7300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

0025714

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90302 001 ***122.50

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DO NOT WRITE IN THIS SPACE