2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N50378

Entity Name: BISHOP GRAY INNS FOUNDATION, INC.

Apr 03, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: 255 SOUTH ORANGE AVENUE FIRSTATE TOWER, SUITE 800 ORLANDO, FL 32801 **New Mailing Address: Current Mailing Address:** 255 SOUTH ORANGE AVENUE FIRSTATE TOWER, SUITE 800 ORLANDO, FL 32801 FEI Number: 59-3147331 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MACKINNON, ALEXANDER C. 255 SOUTH ÓRANGE AVE. SUITE 800 ORLANDO, FL 32801 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition HOWE, JOHN RT REV W Name: Name: 1017 ROBINSON ST Address: Address: City-St-Zip: ORLANDO, FL 32801 City-St-Zip: Title: () Delete Title: () Change () Addition LIPSCOMP, JOHN RT. REV. Name: Name: Address: P.O. BOX 763 Address: City-St-Zip: ELLENTON, FL 34222 City-St-Zip: Title: () Delete Title: () Change () Addition COLADO, GUY Name: Name: Address: 121 W. KINGS WAY Address: City-St-Zip: WINTER PARK, FL 32785 City-St-Zip: () Delete Title: TS Title: () Change () Addition MACKINNON, ALEXANDER C Name: Name: STE 800 FIRSTATE TOWER Address: Address: City-St-Zip: ORLANDO, FL City-St-Zip: Title: Title:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: ALEXANDER MACKINNON TS 04/03/2002

() Delete

WHITMORE, GLENDA L

206 W. ORANGE ST

DAVENPORT, FL

Name:

Address:

City-St-Zip:

() Change () Addition