## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## DOCUMENT # N97000002140 Jun 29, 2000 8:00 am **Secretary of State** THE DEE AND RICK RAY FOUNDATION, INC. 06-29-2000 90398 005 \*\*\*\*61.25 Principal Place of Business Mailing Address C/O NURAY HOLDINGS. LLC C/O NURAY HOLDINGS. LLC P.O. BOX 37149 P.O. BOX 37149 CHARLOTTE NC 28237-7149 CHARLOTTE NC 28237 2. Principal Place of Business 3. Mailing Address 5925 Carnegu 925 Camegic Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE <u> 500</u> 500 Applied For City & State City & State 4. FEI Number arlotte 59-3444525 charlotte Not Applicable \$8.75 Additional Country 15A 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent The section is the section of the se Street Address (P.O. Box Number is Not Acceptable) CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33124 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 me of renderen agent and title if applicable Signature, typed c (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. 🔀 Change ☐ Addition ☐ Delete TITLE RAY, WILLIAM E NAME 5925 Carnegie Blvd. Ste. 500 NAME STREET ADDRESS STREET ADDRESS P.O. BOX 37149 CITY-ST-ZIP CITY-ST-ZIP Charlotte, NC 28209 CHARLOTTE NC 28237 TITLE Change ☐ Addition ☐ Delete TITLE NAME RAY, DELORES K MAME 5925 Carnegie Blud. Sto 500 STREET ADDRESS STREET ADDRESS P.O. BOX 37149 CITY-ST-ZIP CITY-ST-ZIP CHARLOTTE NC 28237 TITLE Change Addition TITLE ☐ Delete NAME Kent, Martha ann NAME 5925 Carnegu Blud. Ste 500 STREET ADDRESS STREET ADDRESS P.O. BOX 37149 CITY-ST-ZIP CITY-ST-ZIP CHARLOTTE NC 28237 Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Daytime Phone #