

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P07908

1. Entity Name

GRAY-CALHOUN & ASSOCIATES, INC.

Principal Place of Business

1800 PEACHTREE ST., NW
SUITE 202
ATLANTA GA 30309
US

Mailing Address

1800 PEACHTREE ST., NW
SUITE 202
ATLANTA GA 30309
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

SUITE 200

Suite, Apt. #, etc.

SUITE 200

City & State

City & State
ATLANTA GA

Zip

Country

Zip

Country

4. FEI Number 58-1626967

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

CALHOUN, JAY H.L.
GRAY-CALHOUN & ASSOCIATES, INC
2909 BAY TO BAY BLVD., SUITE 208
TAMPA FL 33629

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME GRAY, JAMES C.
STREET ADDRESS 540 PARK AVENUE
CITY-ST-ZIP ATLANTA GA

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 656 WESLEY DRIVE NW
CITY-ST-ZIP ATLANTA GA 30305

TITLE 3VP ☐ Delete
NAME CALHOUN, JAY H.L.
STREET ADDRESS 1410 DESOTO AVE
CITY-ST-ZIP TAMPA FL 33606

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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STREET ADDRESS
CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jay H.L. Calhoun JAY H.L. CALHOUN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/01

Date

813/831-8870

Daytime Phone #

00032932



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)