

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P11883

1. Entity Name  
**BILL GRAY'S, INC.**

Principal Place of Business  
P.O. BOX 323  
WEBSTER NY 14580

Mailing Address  
P.O. BOX 323  
WEBSTER NY 14580

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 **16-0909818**

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

**THE PRENTICE HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET, SUITE 105  
TALLAHASSEE FL 32301**

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

TITLE	<b>C</b>	<input type="checkbox"/> Delete
NAME	<b>HEGEDORN, BRUCE</b>	
STREET ADDRESS	<b>635 TIMOTHY LANE</b>	
CITY-ST-ZIP	<b>WEBSTER NY</b>	
TITLE	<b>MT</b>	<input type="checkbox"/> Delete
NAME	<b>GONZALEZ, JOHN</b>	
STREET ADDRESS	<b>1030 LAKE RD</b>	
CITY-ST-ZIP	<b>WEBSTER NY</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>GRAY, DAN</b>	
STREET ADDRESS	<b>647 BERG ROAD</b>	
CITY-ST-ZIP	<b>ONTARIO NY</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HERMAN, KEITH</b>	
STREET ADDRESS	<b>10 ESKER RISE</b>	
CITY-ST-ZIP	<b>VICTOR NY</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HEDGEDORN, BRIAN</b>	
STREET ADDRESS	<b>964 RIDGE ROAD</b>	
CITY-ST-ZIP	<b>WEBSTER NY</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*CEO*

Date

*1/10/01 716-671-445*

Daytime Phone #

**FILED**  
**Jan 23, 2001 8:00 am**  
**Secretary of State**

01-23-2001 90017 049 \*\*\*150.00

000501



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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