

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000023523

1. Entity Name
GRAVEL ROAD, INC.Principal Place of Business
500 EAST PRINCETON STREET
ORLANDO FL 32803

Mailing Address

500 EAST PRINCETON STREET
ORLANDO FL 328032. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3504453

Applied For
Not Applicable

Zip

Zip

Country

5. Certificate of Status Desired

 \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WHITE, ROBERT B JR
201 SOUTH ORANGE AVENUE
SUITE 1000
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

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. 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

CR2E034 (9/01)

TITLE D Delete
NAME WARLOW, THOMAS P III
STREET ADDRESS POST OFFICE BOX 547163
CITY-ST-ZIP ORLANDO FL 32854-7163TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D Delete
NAME MCCREE, RICHARD T
STREET ADDRESS 500 EAST PRINCETON STREET
CITY-ST-ZIP ORLANDO FL 32803TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Change 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 information.

SIGNATURE: *Richard T. McCree*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/02 4078984821
Date Daytime Phone #