2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

SUITE 3300

8151 PETERS ROAD

DOCUMENT # F0100003939

1. Entity Name

Principal Place of Business

FT. LAUDERDALE FL 33324

8151 PETERS ROAD

SUITE 3300

MARK J. GORDON FOUNDATION, INC.



FILED Feb 10, 2003 8:00 am § Secretary of State

02-10-2003 90245 020 ****61.25

90022280

FT. LAUDERDALE FL 33324		FT. LAUDERDALE FL 33324			ININI IONII ANIII ANIII ANI	88111 22:18 111(8 12)22	9111 0 9 0 11 4 00 4	
2. Principal Place of Business 12005. Pine Island Rd.		3. Mailing Address 1200 5. Pine Island R						
Suite, Apt. #, etc.		Suite #200		,	☐ CHECK HERE IF MAKING CHANGES			
		City & State Plantation, FL.		4. FEI Number	4. FEI Number 65-0995291 Applied For Not Applicable			9
^{Zip} ろろ38		33324	Country ムンみ-	5. Certificate of S	itatus Desired	¢0 75 .	Iditional	
·	6. Name and Address of Current Re	gistered Agent	w	7. Name and Ad	7. Name and Address of New Registered Agent			
		•	Name	Name				┪
8151 PET SUITE 33	274		Street Address (P.O. Box Number is Not Acceptable)				ste#s	} - -
;FT. LAUD	DERDALE FL 33324		City	tation				
, ; <u> </u>	···)	City	-121		FL TOP	σ .	7
the above the obligat ' SIGNATURE	e named entry submits this statement for the tions of registered submits. Signature, specifor principa name of registered agent and the statement of the state		egistered office or re			I am familiar with,	and accept	1
FILE NOW: FEE IS \$61.25		Trust Fund Co	Trust Fund Contribution.		\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State			
10.	OFFICERS AND DIREC	TORS	11.	ADDITIONS/CHANG	ES TO OFFICERS AN	ID DIRECTORS IN	110	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST GORDON, MARK J 8151 PETERS ROAD SUITE 3300 FT. LAUDERDALE FL 33324	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200 s. Pir ote #200 plantation	ne Island	Road Road	Addition	CR2E037 (10/02)
TITLE		☐ Delete	TITLE		1,,, 0:0			기뜄
NAME Street address City-St-Zip	ر پستان پرچنجو د در د	Delete	NAME STREET ADDRESS - CITY-ST-ZIP			☐ Change	☐ Addition	8
TITLE		☐ Delete		<u> </u>			<u>.</u>	
NAME STREET ADDRESS CITY-ST-ZIP		∟ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE IAME		☐ Delete	TITLE		<u>.</u>	☐ Change	Addition	

12. I hereby certify that the information supplied with this filling 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 true execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

LUUMED

☐ Delete

☐ Change

☐ Addition