

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90145 016 ****61.25

DOCUMENT # F97000005047

1. Entity Name

GORDON FAMILY FOUNDATION, INC.

Principal Place of Business

Mailing Address

1515 N.W. 167TH STREET
 SUITE 110W
 MIAMI FL 33169

1515 N.W. 167TH STREET
 SUITE 110W
 MIAMI FL 33169-5132

2. Principal Place of Business

3. Mailing Address

8151 Peters Road

8151 Peters Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 3300

Suite 3300

City & State
 Plantation, FL

City & State
 Plantation, FL

4. FEI Number

65-0708527

Applied For

Not Applicable

Zip
 33324

Country
 USA

Zip
 33324

Country
 USA

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

GORDON, MARK
 1515 N.W. 167TH STREET
 SUITE 110W
 MIAMI FL 33169

Name

Street Address (P.O. Box Number is Not Acceptable)

8151 Peters Road

Suite 3300

City
 Plantation, FL

FL

Zip Code
 33324

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

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	GORDON, GAIL	
STREET ADDRESS	1515 NW 167TH ST STE 135W	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	TS	<input type="checkbox"/> Delete
NAME	GORDON, MARK	
STREET ADDRESS	1515 NW 167TH ST STE 135W	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	D	<input type="checkbox"/> Delete
NAME	STUDNIK, STACY	
STREET ADDRESS	1515 NW 167TH ST STE 135W	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	D	<input type="checkbox"/> Delete
NAME	STUDNIK, SHANI	
STREET ADDRESS	1515 NW 167TH ST STE 135W	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	D	<input type="checkbox"/> Delete
NAME	GORDON, JASON	
STREET ADDRESS	1515 NW 167TH ST STE 135W	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	D	<input type="checkbox"/> Delete
NAME	KATZIN, ALFRED	
STREET ADDRESS	1515 NW 167TH ST STE 135W	
CITY-ST-ZIP	MIAMI FL 33169	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8151 Peters Road Suite 3300	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 authority to sign.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)