

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90204 012 ****61.25

DOCUMENT # F97000005047

1. Entity Name

GORDON FAMILY FOUNDATION, INC.

Principal Place of Business

8151 PETERS ROAD
 SUITE 3300
 FORT LAUDERDALE FL 33324

Mailing Address

8151 PETERS ROAD
 SUITE 3300
 FORT LAUDERDALE FL 33324

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

65-0708527

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

GORDON, MARK
8151 PETERS ROAD
SUITE 3300
FORT LAUDERDALE FL 33324

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 _____

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 NAME	P GORDON, GAIL	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	8151 PETERS ROAD SUITE 3300 FORT LAUDERDALE FL 33324	
TITLE NAME	TS GORDON, MARK	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	8151 PETERS ROAD SUITE 3300 FORT LAUDERDALE FL 33324	
TITLE NAME	D STUDNIK, STACY	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	8151 PETERS ROAD SUITE 3300 FORT LAUDERDALE FL 33324	
TITLE NAME	D STUDNIK, SHANI	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	8151 PETERS ROAD SUITE 3300 FORT LAUDERDALE FL 33324	
TITLE NAME	D GORDON, JASON	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	8151 PETERS ROAD SUITE 3300 FORT LAUDERDALE FL 33324	
TITLE NAME	D KATZIN, ALFRED	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	8151 PETERS ROAD SUITE 3300 FORT LAUDERDALE FL 33324	

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		

CR2E037 (10/00)

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 all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #