

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

0031149

DOCUMENT # F97000005047

04-02-2002 90862 001 ****61.25

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number 65-0708527	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**GORDON, MARK
 8151 PETERS ROAD
 SUITE 3300
 FORT LAUDERDALE FL 33324**

7. Name and Address of New Registered Agent
 Name **Stacy Studnik**
 Street Address (P.O. Box Number is Not Acceptable)
~~Stacy Studnik~~
8151 Peters Road, Suite 3300
 City **Plantation** 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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	

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** Date **3/12/02** Daytime Phone # **954 577-7706**

CR2E037 (9/01)