


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

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90227 027 \*\*\*\*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  
**1835 E Hallandale Bch Blvd #483**


3. Mailing Address  
**1835 E Hallandale Bch Blvd #483**

City & State  
**Hallandale Beach, FL**

City & State  
**Hallandale Beach, FL**

Zip  
**33009**

Country



CHECK HERE IF MAKING CHANGES

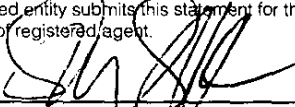
4. FEI Number **65-0708527** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

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

7. Name and Address of New Registered Agent  
Name **STUDNIK, Stacy**  
Street Address (P.O. Box Number is Not Acceptable)  
**1200 S. Pine Island Dr.  
#200**  
City **Plantation Florida** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **4/18/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input type="checkbox"/> Delete <b>GORDON, GAIL</b> <b>8151 PETERS ROAD SUITE 3300</b> <b>FORT LAUDERDALE FL 33324</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>STUDNIK, STACY</b> <b>8151 PETERS ROAD SUITE 3300</b> <b>FORT LAUDERDALE FL 33324</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>STUDNIK, SHANI</b> <b>8151 PETERS ROAD SUITE 3300</b> <b>FORT LAUDERDALE FL 33324</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>GORDON, JASON</b> <b>8151 PETERS ROAD SUITE 3300</b> <b>FORT LAUDERDALE FL 33324</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Gail Gordon</b> <b>1835 E Hallandale Bch Blvd #483</b> <b>Hallandale Bch FL 33009</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Stacy Studnik</b> <b>1835 E Hallandale Bch Blvd #483</b> <b>Hallandale Bch FL 33009</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Shani Studnik</b> <b>1835 E Hallandale Bch Blvd #483</b> <b>Hallandale Bch FL 33009</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Gordon, Jason</b> <b>1835 E Hallandale Bch Blvd #483</b> <b>Hallandale Bch FL 33009</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 full or like empowered.

**SIGNATURE:**  **4/18/03** **3053891132**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)