

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003834

1. Entity Name
GORDON SUBDIVISION PROPERTY OWNERS ASSOCIATION.

Principal Place of Business
**4208 N 31ST AVE. SUITE 3
 HOLLYWOOD FL 33021**

Mailing Address
**Industrial Park, INC.,
 4208 N 31ST AVE. SUITE 3
 HOLLYWOOD FL 33021-2014**

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90022 024 ****61.25



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
165 West SR 434
 Suite, Apt. #, etc.

3. Mailing Address
165 West SR 434
 Suite, Apt. #, etc.

City & State
Winter Springs FL

Zip
32708

4. FEI Number Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

GORDON, ALLEN
4208 N 31ST AVE, SUITE 3
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name **EPM Services, Inc.**
 Street Address (P.O. Box Number is Not Acceptable)
165 West State Road 434
 City **Winter Springs FL** Zip Code **32708**

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 Anne H Russell **Anne H Russell Pres EPM Services 4/7/2000**
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 STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete GORDON, ALLEN 4208 N 31ST AVE, SUITE 3 HOLLYWOOD FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete GORDON, BRIAN 4208 N 31ST AVE, SUITE 3 HOLLYWOOD FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete GORDON, ROBIN 6030 SW 116TH ST MIAMI FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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 all other like empowered.

SIGNATURE: [Signature] **4-13-00 957 565-9536**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)