

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2002 8:00 am**  
**Secretary of State**

02-01-2002 90028 050 \*\*\*158.75

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**DOCUMENT # P95000091573**

1. Entity Name

**GORDON GROUP CRUISES, INC.**

Principal Place of Business

9900 STIRLING ROAD  
 SUITE 242  
 COOPER CITY FL 33024  
 US

Mailing Address

9900 STIRLING ROAD  
 SUITE 242  
 COOPER CITY FL 33024  
 US

2. Principal Place of Business

12555 ORANGE DRIVE

3. Mailing Address

12555 ORANGE DRIVE

Suite, Apt. #, etc.

SUITE 118

Suite, Apt. #, etc.

SUITE 118

City & State

DAVIE, FLORIDA

City & State

DAVIE, FLORIDA

Zip

33330

Country

BROWARD

Zip

33330

Country

BROWARD

6. Name and Address of Current Registered Agent

GORDON, JEFFREY  
 9900 STIRLING ROAD  
 SUITE 224  
 COOPER CITY FL 33024

7. Name and Address of New Registered Agent

Name

GORDON, JEFFREY

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

12555 ORANGE DRIVE  
 SUITE 118

City

DAVIE

FL

Zip Code

33330

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

*Jeffrey Gordon*

JEFFREY GORDON

1/18/02

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.  
 (See criteria on back)

☒

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2002 Fee will be \$550.00**

**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution.

☐

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GORDON, JEFFREY 9900 STIRLING ROAD, SUITE 242 COOPER CITY FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GORDON, KAREN D 9900 STIRLING ROAD, SUITE 242 COOPER CITY FL	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12555 ORANGE DRIVE SUITE 118 DAVIE, FLORIDA 33330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12555 ORANGE DRIVE SUITE 118 DAVIE, FLORIDA 33330
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Jeffrey Gordon*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEFFREY GORDON PRES 1/18/02

Date

Daytime Phone #

954-424-0424

CR2E034 (9/01)