

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

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90322 037 ****61.25

DOCUMENT # F02000002306

1. Entity Name

REUBEN AND MOLLIE GORDON FOUNDATION, INC.



Principal Place of Business

**944 W. CLINT MOORE ROAD
BOCA RATON FL 33487**

Mailing Address

**944 W. CLINT MOORE ROAD
BOCA RATON FL 33487**

2. Principal Place of Business

3170 N. Federal Hwy

3. Mailing Address

3170 N. Federal Hwy

Suite, Apt. #, etc.

105

Suite, Apt. #, etc.

105

City & State

Lighthouse Point FL

City & State

Lighthouse Point FL

Zip

33064

Country

US

Zip

33064

Country

US



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **23-6251826**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SICILIANO, THOMAS V
980 NORTH FEDERAL HIGHWAY, SUITE 440
BOCA RATON FL 33432**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **CPS** ☐ Delete
NAME **LIEBERMAN, FRED**
STREET ADDRESS **944 W. CLINT MOORE ROAD**
CITY-ST-ZIP **3170 N. Federal Hwy #105
BOCA RATON FL 33487 Lighthouse Point, FL 33064**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Director** ☐ Change ☒ Addition
NAME **Pamela J. Malik**
STREET ADDRESS **3170 N. Federal Hwy, Suite 105**
CITY-ST-ZIP **Lighthouse Point FL 33064**

TITLE **Director** ☐ Change ☒ Addition
NAME **Harry Lieberman**
STREET ADDRESS **1116 Mason Avenue**
CITY-ST-ZIP **Drexel Hill, PA 19026**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
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:

Pamela J. Malik

1-10-03 954-784-3745

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)