

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G45612

1. Entity Name

FLEISHER AND GORDON, INC.

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90034 016 ***150.00

Principal Place of Business

Mailing Address

C/O JOEL FLEISHER
1301 PISGAH ROAD
GREENEVILLE TN 37743

C/O JOEL FLEISHER
1301 PISGAH ROAD
GREENEVILLE TN 37743-4582

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2323420**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLEISHER, ADAM
5160 SW 40 AVE
APT 22D
FORT LAUDERDALE FL 33314

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.

SIGNATURE

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTDS	<input type="checkbox"/> Delete
NAME	FLEISHER, JOEL MD	
STREET ADDRESS	1301 PISGAH RD	
CITY-ST-ZIP	GREENEVILLE TN 37743	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joel B. Fleisher **JOEL B. FLEISHER**

1/18/00
Date

423/638-7
Daytime Phone #