

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 06, 2002 8:00 am
Secretary of State

08-06-2002 90278 037 ****70.00

DOCUMENT # N00000003614

1. Entity Name

THE PAIRS FOUNDATION, INC.

Principal Place of Business

1056 CREEKFORD DRIVE
 WESTON FL 33326

Mailing Address

1056 CREEKFORD DRIVE
 WESTON FL 33326

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

52-1327867

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required -

6. Name and Address of Current Registered Agent

GORDON, LORI H
1056 CREEKFORD DRIVE
WESTON FL 33326

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

After September 13, 2002,
min. will be \$236.25.

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 **D** ☐ Delete
 NAME **GORDON, LORI H**
 STREET ADDRESS **1056 CREEKFORD DRIVE**
 CITY-ST-ZIP **WESTON FL 33326**

TITLE **D** ☐ Delete
 NAME **GORDON, MORRIS**
 STREET ADDRESS **1056 CREEKFORD DRIVE**
 CITY-ST-ZIP **WESTON FL 33326**

TITLE **D** ☒ Delete
 NAME **HALLAHAN, JOANN D**
 STREET ADDRESS **4125 AMBER WAY**
 CITY-ST-ZIP **WESTON FL 33331**

TITLE ☐ Delete
 NAME **DOUYEGRO, CHRISTINE**
 STREET ADDRESS **10981 NAUTILUS DR**
 CITY-ST-ZIP **COOPER CITY, FLA. 33026**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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: *LORI H GORDON* **REQUIRED**

7/30/02 954-389-8442

CR2E037 (4/02)