

2002 UNIFORM BUSINESS REPORT (UBR)

02-20-2002 90069 032 ***150.00**
P01000110197

DOCUMENT # P01000110197

1. Entity Name
ALLAN GORDON, P.A.
ALAN

Principal Place of Business Mailing Address
7167 LORENZO LANE 7167 LORENZO LANE
DELRAY BEACH FL 33446 DELRAY BEACH FL 33446

02 FEB 27 AM 10:07



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-1153299	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MUSKAT, JACLYN S ESQ 1200 NORTH FEDERAL HIGHWAY SUITE 301 BOCA RATON FL 33432		7. Name and Address of New Registered Agent Name ALAN GORDON Street Address (P.O. Box Number is Not Acceptable) 7167 LORENZO LANE City Delray Bch FL 33446	
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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 *Alan Gordon* DATE **2-4-02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

☒ 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GORDON, ALAN 7167 LORENZO LANE DELRAY BEACH FL 33446	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CORRECT THE SPELLING OF ALAN
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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: *Signature Required*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2-4-02** Daytime Phone # **961-865-7774**

CR2E034 (9/01)