

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90360 035 ***158.75

036,1930 AV

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1. Entity Name
GORDON AT THE OAKS, INC.

Principal Place of Business
**4000 N FEDERAL HWY STE 201
BOCA RATON FL 33431**

Mailing Address
**4000 N FEDERAL HWY STE 201
BOCA RATON FL 33431**



2. Principal Place of Business
3839 NW BOCA RATON BLVD

3. Mailing Address
3839 NW BOCA RATON BLVD

Suite, Apt. #, etc.
SUITE 100 A

Suite, Apt. #, etc.
SUITE 100 A

City & State
BOCA RATON, FL

City & State
BOCA RATON, FL

Zip
33431

Country

Zip
33431

Country

4. FEI Number
04-3661714

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**LEVINE, JEFFREY A
4000 N FEDERAL HWY STE 201
BOCA RATON FL 33431**

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **LEVINE, JEFFREY A**
STREET ADDRESS **4000 N FEDERAL HWY STE 201**
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PO** ☐ Change ☒ Addition
NAME **GORDON, ROBERT**
STREET ADDRESS **3839 NW BOCA RATON BLVD, STE 100 A**
CITY-ST-ZIP **BOCA RATON, FL 33431**

TITLE **VPO** ☐ Change ☒ Addition
NAME **GORDON, CARY**
STREET ADDRESS **3839 NW BOCA RATON BLVD, STE 100 A**
CITY-ST-ZIP **BOCA RATON, FL 33431**

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 607, 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT GORDON

4-16-03

561-338-8900

Date

Daytime Phone #

CR2E034 (10/02)