

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P39872

1. Entity Name

GORDON FAY ASSOCIATES, INC.

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90017 039 ***158.75

Principal Place of Business

Mailing Address

420 WASHINGTON STREET, SUITE 401
BRAINTREE MA 02184

420 WASHINGTON STREET, SUITE 401
BRAINTREE MA 02184-4755

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 04-2629169

Applied For

Not Applied For

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

FAY, GORDON H.
4110 CENTERPOINTE DR., SUITE 207
FORT MYERS FL 33916-9445

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code 33916-9445

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 CDP
NAME FAY, GORDON H.
STREET ADDRESS 16904 TIMBERLAKES DRIVE
CITY-ST-ZIP FORT MYERS FL ☐ Delete

TITLE VCD
NAME FAY, SUSAN J.
STREET ADDRESS 16904 TIMBERLAKES DRIVE
CITY-ST-ZIP FORT MYERS FL ☐ Delete

TITLE VPT
NAME FAY, SUSAN J.
STREET ADDRESS 16904 TIMBERLAKES DRIVE
CITY-ST-ZIP FORT MYERS FL ☐ Delete

TITLE S
NAME BROWN, NATHANIAL K.
STREET ADDRESS 1 MUDGE WAY
CITY-ST-ZIP BEDFORD MA ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

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CITY-ST-ZIP ☐ Change ☐ Add

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CITY-ST-ZIP ☐ Change ☐ Add

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

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

SIGNATURE: Gordon H. Fay 1/27/00 (941) 275-6061
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #