

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P39872

1. Entity Name

GORDON FAY ASSOCIATES, INC.

FILED

Apr 05, 2001 8:00 am  
Secretary of State

04-05-2001 90039 035 \*\*\*158.75

Principal Place of Business

420 WASHINGTON STREET, SUITE 401  
BRAINTREE MA 02184

Mailing Address

420 WASHINGTON STREET, SUITE 401  
BRAINTREE MA 02184

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 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

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

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, 2001 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  
CDP  
FAY, GORDON H.  
~~16904 TIMBERLAKES DRIVE~~  
FORT MYERS FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
4110 CENTER POINTE DR. # 207  
33916-9444

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
4110 CENTER POINTE DR # 207  
33916-9444

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
4110 CENTER POINTE DR # 207  
33916-9444

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GORDON H. FAY PRES.

Date

(941) 275-6060

Daytime Phone #

CR2E034 (10/00)