

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000102377

1. Entity Name

GORDON THOMAS CAPITAL MANAGEMENT, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90281 001 ***150.00

04-26-2001 90281 002 ****35.00

Principal Place of Business

1833 SOUTH OCEAN DR. APT 1601
HALLANDALE FL 33009

Mailing Address

1833 SOUTH OCEAN DR. APT 1601
HALLANDALE FL 33009

2. Principal Place of Business

6124 NW 74 AVENUE

Suite, Apt. #, etc.

Miami FL

City & State

3. Mailing Address

1833 So Ocean DR.

Suite, Apt. #, etc.

APT 1601

City & State

Hallandale FL



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0801669

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GORDON, JEFFREY M
1833 SOUTH OCEAN DR. APT 1601
HALLANDALE FL 33009

7. Name and Address of New Registered Agent

Name Telma C. Gordon

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

1833 So Ocean DR 1601

City

Hallandale

Zip Code

33009

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

Telma C. Gordon

Telma C. Gordon.

4/18/01

(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 \$180.00
After MAY 1, 2001 Fee will be \$660.00
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

TITLE	D	☐ Delete
NAME	GORDON, TELMA C	
STREET ADDRESS	1833 SOUTH OCEAN DR. APT 1601	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	D	☒ Delete
NAME	GORDON, JEFFREY M	
STREET ADDRESS	1833 S OCEAN DR APT 1601	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		

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.

ORIGINATOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/01

Date

305 477 59 20

Daytime Phone #

CP2E034 (10/00)

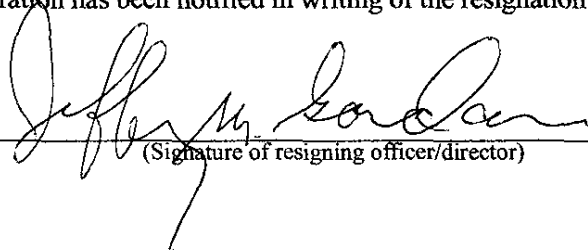
Attachment
PA 7000102377
40085 / 40087

OFFICER / DIRECTOR RESIGNATION

I, JEFFREY M. GORDON, hereby resign as Director
(Title)
of GORDON THOMAS CAPITAL MANAGEMENT INC
(Name of Corporation)

a corporation organized under the laws of the State of Florida

and affirm that the corporation has been notified in writing of the resignation.


(Signature of resigning officer/director)

FILING FEE IS \$35.00

**Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**