## **2002 UNIFORM BUSINESS REPORT (UBR)**

Gordon Invesco SIGNATUREAND TYPED OR PRINTED NAME OF

## **FILED** May 02, 2002 8:00 am Secretary of State P98000053089 DOCUMENT # 1. Entity Name GORDON INVESCO, INC. 05-02-2002 90046 018 \*\*\*150.00 Principal Place of Business Mailing Address C/O JEROME L. WOLF. ESQUIRE C/O JEROME L. WOLF. ESQUIRE 450 EAST-LAS-OLAS-BLVD. #800 450 EAST LAS OLAS BLVD: #800 FORT LAUDERDALE FL 33301 FORT LAUDERDALE FL 33301 2. Principal Place of Business 3. Mailing Address 350 E Las Olas Blvd 350 E Las Olas Blud Suite Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 1600 1600 City & State City & State 4. FEI Number Applied For 65-0847767 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code FI 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 re-ostating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Addition CR2E034 (9/01 CARELL, JAMES W NAME HAME 4015 TRAVIS DR. STE.200 STREET ADDRESS STREET ADDRESS NASHVILLE TN 37211 CITY-ST-7IP CITY-ST-7IP TITLE ☐ Defete TITLE ☐ Addition NAME DUGAN, DANIEL J NAME STREET ADDRESS 1212 EIGHTH AVENUE SOUTH STREET ADDRESS CITY-ST-ZIP NASHVILLE TN 37203 CITY-ST-ZIP DILE ☐ Delete TITLE Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 gnapter 607. Florida Statutes: and that my name appears in Block 11 or Slock 12 if of the corporation or the receiver or trustee empowered to execuchanged, or on an attachment with an orbitess, with all other."