

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91218 007 ***158.75

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000064784**

1. Entity Name

GORDON S. RICHSTONE, ESQUIRE, P.A.

Principal Place of Business

Mailing Address

1803 AUSTRALIAN AVENUE SOUTH

SUITE 1

WEST PALM BEACH, FL 33409

SAME

A0064794

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-0854453

Applied For

Not Applicable

Zip

Country

Zip

Country

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

RICHSTONE, GORDON S.
 1803 AUSTRALIAN AVENUE S.
 SUITE 1
 WEST PALM BEACH, FL 33409

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 signatures required when rehashing)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

☐

10. Election Campaign Financing
 Trust Fund Contribution.

☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DPS
 RICHSTONE, GORDON S.
 1803 AUSTRALIAN AVENUE SOUTH
 WEST PALM BEACH, FL 33409

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

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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

DATE

Daytime Phone #

CR20234 (11/00)