

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2003 8:00 am**  
**Secretary of State**

03-25-2003 90071 044 \*\*\*150.00

DOCUMENT # P98000081148

1. Entity Name

GILLESPIE, GOLDMAN, KRONENGOLD & FARMER, P.A.

Principal Place of Business

6550 NORTH FEDERAL HIGHWAY  
SUITE 511  
FORT LAUDERDALE FL 33308

Mailing Address

6550 NORTH FEDERAL HIGHWAY  
SUITE 511  
FORT LAUDERDALE FL 33308

2. Principal Place of Business

101 Northeast Third Ave.  
Suite, Apt. #, etc.  
Tower 101, Suite 1700

City & State

Fort Lauderdale, FL

Zip  
33301

Country

USA

3. Mailing Address

101 Northeast Third Ave.  
Suite, Apt. #, etc.  
Tower 101, Suite 1700

City & State

Fort Lauderdale, FL

Zip  
33301

Country

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0643332

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GILLESPIE, JOHN R JR  
6550 NORTH FEDERAL HIGHWAY  
SUITE 511  
FORT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	GILLESPIE, JOHN R JR.	
STREET ADDRESS	6550 NORTH FEDERAL HIGHWAY, SUITE 511	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOLDMAN, PETER R	
STREET ADDRESS	6550 NORTH FEDERAL HIGHWAY, SUITE 511	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE	D	<input type="checkbox"/> Delete
NAME	KRONENGOLD, JEFFREY L	
STREET ADDRESS	6550 NORTH FEDERAL HIGHWAY, SUITE 511	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FARMER, GARY M JR	
STREET ADDRESS	6550 N FEDERAL HIGHWAY STE 511	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	101 Northeast Third Avenue, Suite	
STREET ADDRESS	Fort Lauderdale, FL 33301	
CITY-ST-ZIP	1700	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	101 Northeast Third Avenue, Suite	
STREET ADDRESS	Fort Lauderdale, FL 33301	
CITY-ST-ZIP	1700	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	101 Northeast Third Avenue, Suite	
STREET ADDRESS	Fort Lauderdale, FL 33301	
CITY-ST-ZIP	1700	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*John R Gillespie*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/2003

Date

(954) 771-0908

Daytime Phone #

CR2E034 (10/02)