

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 22, 2002 8:00 am**  
**Secretary of State**  
 03-22-2002 90041 018 \*\*\*150.00

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**DOCUMENT # P99000097006**

1. Entity Name  
**JEFFREY I. GORDON & ASSOCIATES, INC.**

Principal Place of Business  
**9774 PARKVIEW AVE**  
**BOCA RATON FL 33428**

Mailing Address  
**9774 PARKVIEW AVE**  
**BOCA RATON FL 33428**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**20251 Monteverdi Circle**

3. Mailing Address  
**20251 Monteverdi Circle**

Suite, Apt. #, etc.

City & State  
**Boca Raton, FL**

City & State  
**Boca Raton, FL**

Zip  
**33498**

Country  
**USA**

4. FEI Number **65-0963318**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GORDON, JEFFREY I**  
**9774 PARKVIEW AVE**  
**BOCA RATON FL 33428**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**20251 Monteverdi Circle**

City **Boca Raton, FL** Zip Code **33498**

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 \_\_\_\_\_ (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. ☐ **FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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	<b>D</b> <b>GORDON, JEFFREY I</b> <b>9774 PARKVIEW AVE</b> <b>BOCA RATON FL 33428</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>20251 Monteverdi Circle</b> <b>Boca Raton, FL 33498</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Jeffrey I. Gordon** **Jeffrey I. Gordon, President** 3/8/2002 561-482-3392

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)