2000 UNIFORM BUSINESS REPORT (UBR)

Jun 05, 2000 8:00 am Secretary of State DOCUMENT # **S65597** 1. Entity Name E. GORDON AND ASSOCIATES, INC. 06-05-2000 90037 018 ***150.00 Principal Place of Business Mailing Address 2901 N.W. 19TH STREET 2901 N.W. 19TH STREET FT. LAUD FL 33311-3202 FT. LAUD FL 33311 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0272589 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired. __ . ____ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GORDON, JAMES A. Street Address (P.O. Box Number is Not Acceptable) 2901 N.W. 19TH STREET FT. LAUD FL 33311 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 11. Change Addition TITLE TITLE ☐ Delete GORDON, ELISHA, JR. NAME NAME STREET ADDRESS 1800 NW 25TH TERR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33311 ☐ Addition ☐ Change ☐ Delete TITLE TITLE GORDON, ELISHA, III NAME NAME STREET ADDRESS 4960 NW 12 CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAUDERHILL FL 33313 ☐ Delete ☐ Change Addition TITLE TITLE GORDON, JAMES A. NAME NAME STREET ADDRESS 3573 N.W. 32ND STREE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33317 Addition ☐ Delete TITI F ☐ Change GORDON, TIMOTHY B. NAME NAME STREET ADDRESS STREET ADDRESS 4050 SW 19 ST CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33317 ☐ Change Addition ☐ Delete TITLE TITLE NAME SCOTT, DIANE NAME STREET ADDRESS STREET ADDRESS 1808 NW 25TH TERR CITY-ST-7/P CITY-ST-ZIP FORT LAUDERDALE FL 33311 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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

SIGNATURE: