FROM : HOLLYWOOD BUSINESS COUNCIL PHONE NO. : 954 9270269
[illegible] FR HARRIS ANTON 9549257013

FILED
May 29, 2002 8:00 am
Secretary of State
05-29-2002 93594 047 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004946

1. Entity Name

HOLLYWOOD BUSINESS COUNCIL, INC.

Principal Place of Business	Mailing Address
330 N FEDERAL HWY HOLLYWOOD FL 33020 US	330 N FEDERAL HWY HOLLYWOOD FL 33020 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

[redacted]

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0527355 ☐ Applied For ☐ Not Applicable

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
COHN, ALAN B 2021 TYLER ST HOLLYWOOD FL 33020	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 signature required when reinstating) DATE

[redacted]

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

[redacted]

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FISCHLER, ABRAHAM S 3301 COLLEGE AVE FT LAUDERDALE FL 33314	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MACLAUGHLAN, STEVEN 3600 WASHINGTON STREET HOLLYWOOD, FLORIDA 33021	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROBERTS, SCOTT B 1109 N FEDERAK HWY STE B HOLLYWOOD FL 33020	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCLEOD, HORACE F. 5400 SHERIDAN STREET HOLLYWOOD, FLORIDA 33021	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FINZ, SAMUEL A 2800 HOLLYWOOD BLVD HOLLYWOOD FL 33020	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD HETLAGE, C. KENNON 7800 SHERIDAN STREET PEMBROKE PINES, FLORIDA 33024	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MENDELSON, LAURANS A 3000 TAFT ST HOLLYWOOD FL 33021	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SOULBY, ROBERT W. 2000 NW 150 AVENUE, SUITE 2000 PEMBROKE PINES, FLORIDA 33028	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LITVIN, STUART L 330 N FEDERAL HWY HOLLYWOOD FL 33020	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SALTZ, MARK 3501 GRIFFIN ROAD FT. LAUDERDALE, FLORIDA 33312	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD SACCO, FRANK 3501 JOHNSON STREET HOLLYWOOD FL 33021	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GIORDANO, DENNIS 1800 ELLER DRIVE, SUITE 600 FT. LAUDERDALE, FLORIDA 33316	☐ Change ☒ Addition

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE: _____ STUART LITVIN, PRESIDENT 05/17/02 954-927-
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR Date Daytime Phone # 0277

[redacted]

2 of 2

Attachment

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004946

1. Entity Name

HOLLYWOOD BUSINESS COUNCIL (contd)

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
330 N. FEDERAL HWY	330 N. FEDERAL HWY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HOLLYWOOD, FLORIDA	City & State: HOLLYWOOD, FLORIDA
Zip: 33020 Country: USA	Zip: 33020 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current 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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing Trust Fund Contribution. ☐ $6.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D NAME STREET ADDRESS CITY-ST-ZIP	FERNANDEZ, NELSON 10061 NW 1ST COURT PLANTATION, FLORIDA 33324
TITLE NAME D STREET ADDRESS CITY-ST-ZIP	GRAVITT, GRANT H. 2040 SHERMAN STREET HOLLYWOOD, FLORIDA 33020
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	SALA, RICHARD D. 101 N. OCEAN DRIVE, SUITE 20 HOLLYWOOD BEACH, FLORIDA 330
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	EDWARDS, JAMES H. 330 N. FEDERAL HIGHWAY HOLLYWOOD, FLORIDA 33020
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	BENSON, CAMERON 2600 HOLLYWOOD BOULEVARD HOLLYWOOD, FLORIDA 33020
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	WASSERSTROM, KEITH 2600 HOLLYWOOD BOULEVARD HOLLYWOOD, FLORIDA 33020

DO NOT WRITE IN THIS SPACE

CR2E037B (12/01)

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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

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