

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P40979**

1. Entity Name

**CITY OF HOPE, A-NONPROFIT CORPORATION**

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90053 001 \*\*\*\*61.25  
 04-18-2000 90053 002 \*\*\*\*8.75

Principal Place of Business

Mailing Address

~~208 W. 8TH STREET~~  
~~LOS ANGELES CA 90014~~  
~~US~~

~~208 W. 8TH ST~~  
~~ATTN: TAX & LICENSING~~  
~~LOS ANGELES CA 90014~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1055 Wilshire Blvd.**

Suite, Apt. #, etc.  
**12th Floor**

City & State  
**Los Angeles, CA**

Zip  
**90017**

Country  
**US**

3. Mailing Address

**1500 E. Duarte**

Suite, Apt. #, etc.

**Attn: Tax & Lic #147**

City & State  
**Duarte**

Zip  
**91010**

Country  
**US**

4. FEI Number

**95-3435919**

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

**WIZNER, JOAN**  
**3333 W COMMERCIAL BLVD**  
**106**  
**FT LAUDERDALE FL 33309**

Name  
**N/A**

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 *Joan R. Wizner* **Joan R. Wizner, Director** **4-7-00**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>COB</b> <b>SCHWARTZBERG, GIL N</b> <b>3801 S BROADWAY</b> <b>LOS ANGELES CA 90037</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>LEVEY, MARK B</b> <b>5860 UPLANDER WAY</b> <b>CULVER CITY CA 90233</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>BERRICK, SHARON H</b> <b>208 W 8TH ST</b> <b>LOS ANGELES CA 90014</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>SOLTON, E STEVEN</b> <b>208 W 8TH ST</b> <b>LOS ANGELES CA 90014</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>ROTHMAN, CLAIRE L</b> <b>3701 WILSHIRE BLVD. 7TH FLOOR</b> <b>LOS ANGELES CA 90014</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ARKIN, GEORGE</b> <b>10850 WILSHIRE BLVD. #740</b> <b>LOS ANGELES CA 90014</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO/President</b> <b>Gil Schwartzberg</b> <b>1500 E. Duarte Rd.</b> <b>Duarte, CA 91010</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO/Treasurer</b> <b>Terry Blackwood</b> <b>1500 E. Duarte Rd.</b> <b>Duarte, CA 91010</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Assistant Secretary</b> <b>Sharon H. Berrick</b> <b>1055 Wilshire Blvd., 12th Floor</b> <b>Los Angeles, CA 90017</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Assistant Secretary</b> <b>E. Steven Solton</b> <b>1055 Wilshire Blvd., 12th Floor</b> <b>Los Angeles, CA 90017</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <b>Glenn Krinsky</b> <b>1500 E. Duarte Rd.</b> <b>Duarte, CA 91010</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE: *Terry W. Blackwood* **Terry W. Blackwood** **CFO/Treasurer** **4-7-00** **626/359-8111**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)