

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 28, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90099 005 \*\*\*\*61.25

**DOCUMENT # N94000004946**

1. Entity Name  
**HOLLYWOOD BUSINESS COUNCIL, INC.**

Principal Place of Business <b>330 N FEDERAL HWY HOLLYWOOD FL 33020 US</b>	Mailing Address <b>330 N FEDERAL HWY HOLLYWOOD FL 33020 US</b>
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**C0027746**



DO NOT WRITE IN THIS SPACE

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

4. FEI Number <b>65-0527355</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**COHN, ALAN B  
 2021 TYLER ST  
 HOLLYWOOD FL 33020**

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FISCHLER, ABRAHAM S</b>	
STREET ADDRESS	<b>3301 COLLEGE AVE</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33314</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SCHLOSBERG, MARTY</b>	
STREET ADDRESS	<b>2336 HOLLYWOOD BLVD</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33020</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FINZ, SAMUEL A</b>	
STREET ADDRESS	<b>2800 HOLLYWOOD BLVD</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33020</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MENDELSON, LAURANS A</b>	
STREET ADDRESS	<b>3000 TAFT ST</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33021</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>LITVIN, STUART L</b>	
STREET ADDRESS	<b>330 N FEDERAL HWY</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33020</b>	
TITLE	<b>C</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>FREEHOF, LEONARD</b>	
STREET ADDRESS	<b>3600 WASHINGTON ST</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Roberts, Scott B.</b>	
STREET ADDRESS	<b>1109 N. FEDERAL HWY SUITE B</b>	
CITY-ST-ZIP	<b>HOLLYWOOD, FL 33020</b>	
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		
TITLE	<b>C</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SACCO, FRANK</b>	
STREET ADDRESS	<b>3501 JOHNSON ST.</b>	
CITY-ST-ZIP	<b>HOLLYWOOD, FL 33021</b>	

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: Stuart L. Litvin **2/9/01** **954-927-0277**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)