

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

4. FEI Number

65-0527355

Applied For

Not Applicable

9. 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 necessary)

DATE

9. Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be
 Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D**
 NAME **FISCHLER, ABRAHAM S**
 STREET ADDRESS **3301 COLLEGE AVE**
 CITY-STATE-ZIP **FT LAUDERDALE FL 33314**

TITLE **D**
 NAME **MACLAUGHLAN, STEVEN**
 STREET ADDRESS **3600 WASHINGTON STREET**
 CITY-STATE-ZIP **HOLLYWOOD, FLORIDA 33021**

TITLE **D**
 NAME **ROBERTS, SCOTT B**
 STREET ADDRESS **1109 N FEDERAL HWY STE B**
 CITY-STATE-ZIP **HOLLYWOOD FL 33020**

TITLE **D**
 NAME **MCLEOD, HORACE F.**
 STREET ADDRESS **5400 SHERIDAN STREET**
 CITY-STATE-ZIP **HOLLYWOOD, FLORIDA 33021**

TITLE **D**
 NAME **FINZ, SAMUEL A**
 STREET ADDRESS **2800 HOLLYWOOD BLVD**
 CITY-STATE-ZIP **HOLLYWOOD FL 33020**

TITLE **STD**
 NAME **BETLAGE, C. KENNON**
 STREET ADDRESS **7800 SHERIDAN STREET**
 CITY-STATE-ZIP **PEMBROKE PINES, FLORIDA 33024**

TITLE **D**
 NAME **MENDELSON, LAURANS A**
 STREET ADDRESS **3000 TAFT ST**
 CITY-STATE-ZIP **HOLLYWOOD FL 33021**

TITLE **D**
 NAME **SOULBY, ROBERT W.**
 STREET ADDRESS **2000 NW 150 AVENUE, SUITE 2000**
 CITY-STATE-ZIP **PEMBROKE PINES, FLORIDA 33028**

TITLE **P**
 NAME **LITVIN, STUART L**
 STREET ADDRESS **330 N FEDERAL HWY**
 CITY-STATE-ZIP **HOLLYWOOD FL 33020**

TITLE **D**
 NAME **SALTZ, MARK**
 STREET ADDRESS **3501 GRIFFIN ROAD**
 CITY-STATE-ZIP **FT. LAUDERDALE, FLORIDA 33312**

TITLE **CD**
 NAME **SACCO, FRANK**
 STREET ADDRESS **3501 JOHNSON STREET**
 CITY-STATE-ZIP **HOLLYWOOD FL 33021**

TITLE **D**
 NAME **GIORDANO, DENNIS**
 STREET ADDRESS **1800 ELLER DRIVE, SUITE 600**
 CITY-STATE-ZIP **FT. LAUDERDALE, FLORIDA 33316**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 of its assets empowered to file 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 appropriate, with or without the Empowered.

SIGNATURE

STUART LITVIN, PRESIDENT

05/17/02 954-927-

Telephone # **0277**

2 of 2

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

Attachment

DOCUMENT # N94000004946
 1. Entity Name
 HOLLYWOOD BUSINESS COUNCIL (cont'd)

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 330 N. FEDERAL HWY
 Suite, Apt. #, etc.

3. Mailing Address
 330 N. FEDERAL HWY
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 HOLLYWOOD, FLORIDA

City & State
 HOLLYWOOD, FLORIDA

Zip
 33020

Country
 USA

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 _____ DATE _____
Signature, typed or printed name of registered agent (where applicable). (NOTE: Registered Agent signature required when re-appointing)

9. Election Campaign Financing (Trust Funds Contribution) \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D FERNANDEZ, NELSON 10061 NW 1ST COURT PLANTATION, FLORIDA 33324
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D GRAVITT, GRANT H. 2040 SHERMAN STREET HOLLYWOOD, FLORIDA 33020
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D SALA, RICHARD D. 101 N. OCEAN DRIVE, SUITE 20 HOLLYWOOD BEACH, FLORIDA 33009
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D EDWARDS, JAMES H. 330 N. FEDERAL HIGHWAY HOLLYWOOD, FLORIDA 33020
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D BENSON, CAMERON 2600 HOLLYWOOD BOULEVARD HOLLYWOOD, FLORIDA 33020
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D WASSERSTROM, KEITH 2600 HOLLYWOOD BOULEVARD HOLLYWOOD, FLORIDA 33020

DO NOT WRITE IN THIS SPACE

CR2E007B (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)(b), 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 recipient 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: _____ DATE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR