


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90082 032 ****61.25

DOCUMENT # N94000004946					
1. Entity Name HOLLYWOOD BUSINESS COUNCIL, INC.					
Principal Place of Business 330 N FEDERAL HWY HOLLYWOOD, FL 33020 US			Mailing Address 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	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FISCHLER, ABRAHAM S		NAME		
STREET ADDRESS	3301 COLLEGE AVE		STREET ADDRESS		
CITY - ST - ZIP	FT LAUDERDALE, FL 33314		CITY - ST - ZIP		
TITLE	C	<input type="checkbox"/> Delete	TITLE	CHAIRMAN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALTZ, MARK		NAME		
STREET ADDRESS	3501 GRIFFIN RD		STREET ADDRESS		
CITY - ST - ZIP	FORT LAUDERDALE, FL 33312		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORDANO, DENNIS		NAME		
STREET ADDRESS	1800 ELLER DRIVE SUITE 600		STREET ADDRESS		
CITY - ST - ZIP	FORT LAUDERDALE, FL 33316		CITY - ST - ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MENDELSON, LAURANS A		NAME	TOM IRWIN	
STREET ADDRESS	3000 TAFT ST		STREET ADDRESS	3900 TAFT ST	
CITY - ST - ZIP	HOLLYWOOD, FL 33021		CITY - ST - ZIP	Hollywood, FL 33021	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SACCO, FRANK		NAME		
STREET ADDRESS	3501 JOHNSON STREET		STREET ADDRESS		
CITY - ST - ZIP	HOLLYWOOD, FL 33021		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Douglas M. Everett, Pres.</i>			1-5-06		954-922-0227
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #

40003489



01052006 Chg-NP CR2E037 (11/05)