

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90095 037 ****61.25

DOCUMENT # 712306

1. Entity Name

HOLLYWOOD PLAYHOUSE, INCORPORATED

Principal Place of Business

2640 Washington Street
Hollywood, FL 33020

Mailing Address

2640 Washington Street
Hollywood, FL 33020

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1091904

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Donald R. Walters, Esq.
1401 University Drive, Suite 301
Coral Springs, Florida 33071

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

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.** ☐

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

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	President	<input checked="" type="checkbox"/> Delete
NAME	Bruce Yoskin	
STREET ADDRESS	1685 NW 170th Avenue	
CITY-ST-ZIP	Pembroke Pines, FL 33028	
TITLE	Vice President	<input checked="" type="checkbox"/> Delete
NAME	Louis Silvers	
STREET ADDRESS	18325 Collins Avenue	
CITY-ST-ZIP	Sunny Isles, FL 33160	
TITLE	Secretary/Treasurer	<input checked="" type="checkbox"/> Delete
NAME	Renee Barrett	
STREET ADDRESS	1450 Jefferson Street	
CITY-ST-ZIP	Hollywood, FL 33020	
TITLE	Director	<input checked="" type="checkbox"/> Delete
NAME	Donald R. Walters	
STREET ADDRESS	1030 SW 46th Avenue, #305	
CITY-ST-ZIP	Pompano Beach, FL 33069	
TITLE	Director	<input checked="" type="checkbox"/> Delete
NAME	Andrew Rogow	
STREET ADDRESS	2640 Washington Street	
CITY-ST-ZIP	Hollywood, FL 33020	
TITLE	Managing Director	<input checked="" type="checkbox"/> Delete
NAME	Pamela Pawloski	
STREET ADDRESS	4617 SW 35th Avenue	
CITY-ST-ZIP	Fort Lauderdale, FL 33342	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Donald R. Walters	
STREET ADDRESS	6424 Egret Avenue	
CITY-ST-ZIP	Coconut Creek, FL 33073	
TITLE	Vice President/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jeffrey Ostrow	
STREET ADDRESS	3322 Atlanta Street	
CITY-ST-ZIP	Hollywood, FL 33021	
TITLE	Secretary/Treasurer/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Patricia Gardner	
STREET ADDRESS	2502 Eagle Watch Lane	
CITY-ST-ZIP	Weston, FL 33327	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bruce Yoskin	
STREET ADDRESS	1685 NW 170th Avenue	
CITY-ST-ZIP	Pembroke Pines, FL 33028	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stanley Kessel	
STREET ADDRESS	3237 Harrison Street	
CITY-ST-ZIP	Hollywood, FL 33021	
TITLE		<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:

Donald R. Walters, President

04/25/00

954/755-9880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)