2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 16, 2000 8:00 am Secretary of State DOCUMENT # **736365** 1. Entity Name HOLLYWOOD WOMAN'S CLUB 05-16-2000 90016 037 ****61.25 Mailing Address Principal Place of Business 501 N. 14TH AVENUE 501 N. 14TH AVENUE HOLLYWOOD FL 33020-5209 HOLLYWOOD FL 33020-5209 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-6137224 Not Applicable Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name OLEGGE M. WINTMER SALVINO Street Address (P.O. Box Number is Not Acceptable) ENGLAND, LOIS #205 2710 OCEAN DR 532 S LUNA CT FLORIDA #4 HOLLYWOOD-Zip Code 33019 City FL HOLLYWOOD FL 33020 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) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. **Department of State** Added to Fees **FEE IS \$61.25** OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. ुनि Change ☐ Addition Defete TITLE TITLE PRES. NAME ENGLAND, LOIS NAME Deluca, Priscilla STREET ADDRESS STREET ADDRESS 955 HOLLYWOOD BLVD. 532 LUNA CT #4 CITY-ST-ZIP HOLLYWOOD, FLORIDA 33019 CITY-ST-ZIP HOLLYWOOD FL 33020 Change ☐ Delete TITLE TITLE $V \rightarrow P$ NAME DELUCA, PRISCILLA Smith, Lolita STREET ADDRESS STREET ADDRESS 921 S. PARK RD. #106-955 HOLLYWOOD BLVD CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD, FLORIDA HOLLYWOOD FL 33019 TITLE ☐ Delete TITLE TREASURER NAME Wintter Salvino, Colette LEAMAN, NORMA NAME STREET ADDRESS 2710 S. OCEAN DR. #205 STREET ADDRESS 917 N 17TH AVE CITY-ST-ZIE CITY-ST-ZIP 33019 HOLLYWOOD, FLORIDA HOLLYWOOD FL 33020 - Change < Addition TITLE TITLE Delete Director Leaman, Norma NAME NAME SWEETE, JULIE STREET ADDRESS STREET ADDRESS 1049 WASHINGTON ST 917 N. 17th Ave. CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33019 Hollywood, Fl. 33020 Addition Change TITLE □ Delete TITLE Director LEAMAN, NORMA NAME England, Lois STREET ADDRESS STREET ADDRESS 917 N 17 AVE 532 LUNA CT #4 CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33020 33020 HOLLYWOOD, FL. Addition Delete Change TITLE Financial Sec Chiarello, Fedra JACOBS, ANN NAME NAME STREET ADDRESS 1025 SE 3rd Ave. #7-302 STREET ADDRESS 411 S CRESENT DR CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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 chapted or on an attachment with an address with all other like or propagation. changed, or on an attachment with an address, with all other like empowered.