2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State
01-30-2001 90036 016 ****61.25

DOCUMENT # 736365

1. Entity Name

HOLLYWOOD WOMAN'S CLUB

Principal Place of Business	Mailing Address
501 N. 14TH AVENUE HOLLYWOOD FL 33020-5209	501 N. 14TH AVENUE HOLLYWOOD FL 33020-5209

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	Zip / Country

4. FEI Number 59-6137224 ☐ Applied For ☐ Not Applicable

5. 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
ENGLAND, LOIS 532 S LUNA CT #4 HOLLYWOOD FL 33020	Name: Colette Wintter Salvino Street Address (P.O. Box Number is Not Acceptable): 2710 S. Ocean Dr. #205 Hollywood, Florida 33019 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 Colette Wintter Salvino 1-18-01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ENGLAND, LOIS 532 LUNA CT #4 HOLLYWOOD FL 33020	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Priscilla DeLuca 955 Hollywood Blvd. Hollywood, Florida 33019	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V DELUCA, PRISCILLA 955 HOLLYWOOD BLVD HOLLYWOOD FL 33019	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Jean Johnson Short 1621 S. 32 Ave. Hollywood, Fl. 33021	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LEAMAN, NORMA 917 N 17TH AVE HOLLYWOOD FL 33020	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Colette Wintter Salvino 2710 S. Ocean Dr. #205 Hollywood, Fl. 33019	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SWEETE, JULIE 1049 WASHINGTON ST HOLLYWOOD FL 33019	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Norma Leaman 917 N. 17th Ave. Hollywood, Fl. 33020	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEAMAN, NORMA 917 N 17 AVE HOLLYWOOD FL 33020	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Lolita Smith 921 S. Park Rd. #106 Hollywood, Fl. 33021	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JACOBS, ANN 411 S CRESENT DR HOLLYWOOD FL 33021	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Donna Prentiss 2611 Scott St. Hollywood, Florida 33020	☐ Change ☒ Addition

CR2E037 (10/00)

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: Colette Wintter Salvino Colette Wintter Salvino 1-18-01 954-923-2348

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #