

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 749772

1. Entity Name

THE HOLLYWOOD ART GUILD, INC.

FILED

Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90052 001 ****61.25

Principal Place of Business

Mailing Address

HOLLYWOOD ART & CULTURE CENTER
1650 HARRISON CT
HOLLYWOOD FL 33020
US

P.O. BOX 1984
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

65-0582716

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PROUDFOOT, JACQUELINE
501 E DANIA BEACH BLVD
5-3M
DANIA FL 33004

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 *Jacqueline M. Proudfoot*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reissuing)

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
VD
KORDA, LYA
6720 E. TROPICAL WAY
PLANTATION FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
LAPUTKA, BETTY
501 E DANIA BEACH BLVD #2E
DANIA FL 33004

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
STEIN, NORMAN
3400 N HILLS DR
HOLLYWOOD FL 33021

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
PROUDFOOT, JACKIE
501 E DANIA BCH BLVD
DANIA, FL 00000

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
Change ☒ Addition ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change ☐ Addition ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change ☐ Addition ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CLIFFORD SWEARINGEN
2840 N.E. 17th AVE
WILTON MANORS FL 33334
Change ☐ Addition ☒

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change ☐ Addition ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)