

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 749772

1. Entity Name

THE HOLLYWOOD ART GUILD, INC.

Principal Place of Business

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

Mailing Address

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

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 reinstating)

4/7/01
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 P
NAME KORDA, LYA ☒ Delete
STREET ADDRESS 6720 E. TROPICAL WAY
CITY-ST-ZIP PLANTATION FL

TITLE PRES.-D
NAME GERALD COHEN ☐ Change ☐ Addition
STREET ADDRESS 7428 N DEVON DR.
CITY-ST-ZIP TAMARAC FL. 33321

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

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

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

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

TITLE PD
NAME SWEARINGEN, CLIFFORD ☒ Delete
STREET ADDRESS 2840 NE 17TH AVE
CITY-ST-ZIP WILTON MANORS FL 33334

TITLE VICE PRES.-D
NAME PAULINE ROSE ☐ Change ☐ Addition
STREET ADDRESS 3140 HOLIDAY SPRING BLVD.
CITY-ST-ZIP MARGATE FL. 33063

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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:

Jacqueline M Proudfoot
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/01
Date

Daytime Phone #

CR2E037 (10/00)

0091377

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90105 018 ****61.25



DO NOT WRITE IN THIS SPACE