

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90174 012 \*\*\*\*61.25

**DOCUMENT # N46273**

1. Entity Name

**WOODSTOCK ARTS & CRAFTS FESTIVAL, INC.**

Principal Place of Business

Mailing Address

**11831 NW 25TH ST  
 PLANTATION FL 33323**

**10790 NW 26 ST  
 SUNRISE FL 33322  
 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

**65-0313676**

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

**MILSTEIN, RUTH  
 11831 NW 25TH ST  
 PLANTATION FL 33323**

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

**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 **D** ☐ Delete  
 NAME **BOERI, EVELYN**  
 STREET ADDRESS **10920 NW 27TH PL**  
 CITY-ST-ZIP **SUNRISE FL**

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

TITLE **S** ☐ Delete  
 NAME **GASTESI, SANDRA**  
 STREET ADDRESS **10750 NW 20TH CT**  
 CITY-ST-ZIP **SUNRISE FL**

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

TITLE **T** ☐ Delete  
 NAME **ROMER, JANET**  
 STREET ADDRESS **10790 NW 26TH ST**  
 CITY-ST-ZIP **SUNRISE FL**

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

TITLE **D** ☒ Delete  
 NAME **ROONEY, GLORIA**  
 STREET ADDRESS **11120 NW 27TH ST**  
 CITY-ST-ZIP **SUNRISE FL 33322**

TITLE **D** ☒ Change ☐ Addition  
 NAME **CASTIGLIONE, JOE**  
 STREET ADDRESS **6181 SWANS TERR.**  
 CITY-ST-ZIP **COCONUT CREEK FL 33073**

TITLE **D** ☒ Delete  
 NAME **NOVAK, GREG**  
 STREET ADDRESS **1817 SW 24TH AVE**  
 CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **D** ☒ Change ☐ Addition  
 NAME **YODER, LAURIE**  
 STREET ADDRESS **10759 N.W 26 ST**  
 CITY-ST-ZIP **SUNRISE FL 33322**

TITLE **D** ☐ Delete  
 NAME **NELSON, LIZ**  
 STREET ADDRESS **2827 NW 108TH TERRACE**  
 CITY-ST-ZIP **SUNRISE FL 33322**

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

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 #

**1-4-01**

**954-748-1360**

CR2E037 (10/00)