

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90221 031 ****61.25

DOCUMENT # N46273

1. Entity Name

WOODSTOCK ARTS & CRAFTS FESTIVAL, INC.

Principal Place of Business

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

Mailing Address

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

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

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

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

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

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

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **CASTUGLIONE, JOE**
CITY-ST-ZIP **6181 SWANS TERR.
COCONUT CREEK FL 33073**

TITLE ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS **FRANK MAJORANA**
CITY-ST-ZIP **1831 NW 104 AVE 33026
PEMBROKE PINES FL**

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954
1-28-02 748-1360

CR2E037 (9/01)