

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90016 027 ****61.25

DOCUMENT # N94000004946

1. Entity Name

HOLLYWOOD BUSINESS COUNCIL, INC.



Principal Place of Business

330 N FEDERAL HWY
HOLLYWOOD FL 33020
US

Mailing Address

330 N FEDERAL HWY
HOLLYWOOD FL 33020
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0527355

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

COHN, ALAN B
2021 TYLER ST
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

Name **ALAN B. COHN**

Street Address (P.O. Box Number is Not Acceptable)

TRADE CENTER SOUTH

100 W. CYPRESS CREEK RD, # 700

City **FT. LAUDERDALE**

FL

Zip Code
33309

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	FISCHLER, ABRAHAM S	
STREET ADDRESS	3301 COLLEGE AVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33314	
TITLE	C	<input type="checkbox"/> Delete
NAME	SALTZ, MARK	
STREET ADDRESS	3501 GRIFFIN RD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GORDANO, DENNIS	
STREET ADDRESS	1800 ELLER DRIVE SUITE 600	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SACCO, FRANK	
STREET ADDRESS	3501 JOHNSON STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	T	<input type="checkbox"/> Delete
NAME	IRVIN, TOM	
STREET ADDRESS	3000 TAFT ST	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D PIRIZ, J.E.	
STREET ADDRESS	3501 JOHNSON ST.	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Thomas S Irwin

2-14-07 954 7447560

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #