

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002123

1. Entity Name

THE HOLLYWOOD BOULEVARD THEATRE, INC.

R

FILED
Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90058 046 ****61.25

Principal Place of Business

1938 HOLLYWOOD BLVD
HOLLYWOOD FL 33020

Mailing Address

1938 HOLLYWOOD BLVD
HOLLYWOOD FL 33020

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0577816

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WAXMAN, JERRY
1938 HOLLYWOOD BLVD
HOLLYWOOD FL 33020

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
After September 13, 2000 min. will be \$236.25

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 PD ☐ Delete
NAME WAXMAN, JERRY
STREET ADDRESS 1938 HOLLYWOOD BLVD
CITY-ST-ZIP HOLLYWOOD FL 33020

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

TITLE MDVP ☐ Delete
NAME SIMMONS, ELLEN
STREET ADDRESS 5321 GATE LAKE RD
CITY-ST-ZIP FT. LAUDERDALE FL 333

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

TITLE DS ☐ Delete
NAME DANNENBAUM, ELEANOR
STREET ADDRESS 331 RIVER BRANCH CIRCLE
CITY-ST-ZIP ELKINS PARK PA 19027

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

TITLE DM ☐ Delete
NAME DALTON, DON
STREET ADDRESS 97 JUNIPER RD
CITY-ST-ZIP HOLLYWOOD FL 33021

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

TITLE DM ☐ Delete
NAME GOTTLIEB, KENNETH
STREET ADDRESS 125 N 46TH AVE
CITY-ST-ZIP HOLLYWOOD FL 33021

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

JERRY WAXMAN

Date

Daytime Phone #

9/10/00 954-929-5400

CR2E037 (5/00)