

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000488

1. Entity Name

ARTISTS' GUILD, INC.

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90125 017 \*\*\*\*61.25

Principal Place of Business

2600 N. MILITARY TRAIL  
NORTHWOOD UNIVERSITY  
W. PALM BEACH FL 33409

Mailing Address

% PEGGY GORMAN  
513 GREENWAY DRIVE  
N. PALM BEACH FL 33408-3719

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0729905

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

RITZ, MATTY  
5234 TIFFANY ANNE CIR  
W.PALM BCH FL 33417

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	PD	<input type="checkbox"/> Delete
NAME	GOTTESMAN, NATHANIEL	
STREET ADDRESS	13554 VERDE DRIVE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RITZ, MATTY	
STREET ADDRESS	5234 TIFFANY ANN CIRCLE	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GORMAN, PEGGY	
STREET ADDRESS	513 GREENWAY DRIVE	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BUTLER, ANN	
STREET ADDRESS	8109 C OAKTON COURT	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MASOM, DOROTHY	
STREET ADDRESS	112 BLUEFISH CIR	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE		<input type="checkbox"/> Delete
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 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 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 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:

*Matty Ritz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/8/2000 561 476 4674

CR2E037 (9/99)