

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90013 031 ****61.25

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DOCUMENT # N97000000488

1. Entity Name

ARTISTS' GUILD, INC.

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

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

65-0729905

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

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PD
GOTTESMAN, NATHANIEL
13554 VERDE DRIVE
PALM BEACH GARDENS FL 33410 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
P D
R M PARRISON
159 RAINTREE TRAIL
JUPITER FL 33458 ☒ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
TD
RITZ, MATTY
5234 TIFFANY ANN CIRCLE
WEST PALM BEACH FL 33417 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
SD
GORMAN, PEGGY
513 GREENWAY DRIVE
NORTH PALM BEACH FL 33408 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
SD
BUTLER, ANN
8109 C OAKTON COURT
WEST PALM BEACH FL 33406 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
132 SOMERSET #6
WPB FL 33417 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VD
MASOM, DOROTHY
112 BLUEFISH CIR
JUPITER FL 33477 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VD
DORRIE D. KOLLER
11408 83 RD LANE N.
W Palm Beach FL 33412 ☒ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

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

Matty Ritz

1/20/01

561-478-4674

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)