

2002 UNIFORM BUSINESS REPORT (UBR)

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

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

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

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

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

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

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

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

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

TITLE BOARD MEMBER ☐ Change ☒ Addition
NAME ED POLLACK
STREET ADDRESS 3946 CLASSIC COURT
CITY-ST-ZIP WEST Palm Beach, FL 33417

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 another like empowered.

SIGNATURE:

SIGNATURE REQUIRED

2/14/02

561-478-4674

CR2E037 (9/01)