

**2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000016639

1. Entity Name

6030 HOLLYWOOD CORP.

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90043 010 \*\*\*150.00

Principal Place of Business

Mailing Address

WACKENHUT DRIVE  
110  
BEACH GARDENS FL 334104200 WACKENHUT DRIVE  
SUITE 110  
PALM BEACH GARDENS FL 01803-4130

2. Principal Place of Business

3. Mailing Address

6 Kimbell Lane

6 Kimbell Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 100

Suite 100

City & State  
Lynnfield MACity & State  
Lynnfield MAZip  
01940

Country

Zip  
01940

Country

4. FEI Number 65-0898700

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

TAMBONE, RICHARD P  
4200 WACKENHUT DRIVE  
SUITE 110  
PALM BEACH GARDENS FL 33410

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
TAMBONE, RICHARD P A  
4200 WACKENHUT DRIVE  
PALM BEACH GARDENS FL 33410 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D, P, V, T, S ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
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CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-00

781-245-5252

CR2E034 (9/99)