

**2000 UNIFORM BUSINESS REPORT (UBR)**

3/4

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90020 034 \*\*\*\*61.25

**DOCUMENT # 717796**

1. Entity Name

**THEATRE JACKSONVILLE, INC.**

Principal Place of Business

Mailing Address

2032 SAN MARCO BLVD  
 JACKSONVILLE FL 32207

2032 SAN MARCO BLVD  
 JACKSONVILLE FL 32207-3214

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-0718493**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HEMPHILL, DAVID M**  
**4223 VENTIA BLVD.**  
**JACKSONVILLE FL 32210**

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

*David W. Hemphill*

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	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<b>T</b>	<b>ROGERS, KARL</b>	<b>3849 VALENCIA RD</b> <b>JACKSONVILLE FL 32205</b>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	<b>P</b>	<b>KNAUER, DEBORAH</b>	<b>4323 MCGIRTS BLVD</b> <b>JACKSONVILLE FL 32210</b>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	<b>D</b>	<b>WHITE, ROBERT</b>	<b>1278 TALBOT AVE.</b> <b>JACKSONVILLE FL 32205</b>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	<b>M</b>	<b>WHITE, ROBERT A</b>	<b>1278 TALBOT AVE.</b> <b>JACKSONVILLE FL</b>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	<b>V</b>	<b>HEMPHILL, DAVID</b>	<b>4223 VENETIA BLVD</b> <b>JACKSONVILLE FL 32210</b>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	<b>O</b>	<b>BRAREN, LISA</b>	<b>1861 INGLESIDE AVE</b> <b>JACKSONVILLE FL 32205</b>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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

*Robert A. White*

Date

Daytime Phone #

**3-27-00**

904/396-4425

CFR 101.17-19/99