

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90017 030 ***150.00

DOCUMENT # 160432

1. Entity Name
SOUTHERN CINEMAS, INC.

Principal Place of Business 2870 UNIVERSITY BLVD.WEST SUITE 103 JACKSONVILLE FL 32217	Mailing Address 2870 UNIVERSITY BLVD.WEST SUITE 103 JACKSONVILLE FL 32217
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903970



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1970 S Third Street Suite, Apt. #, etc.	3. Mailing Address PO Box 8789 Suite, Apt. #, etc.
City & State Jacksonville Beach, FL	City & State Jacksonville, FL
Zip 32250	Country
Zip 32224	Country

4. FEI Number 59-0900689	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HOMER, WILLIAM J 2870 UNIVERSITY BOULEVARD WEST SUITE 103 JACKSONVILLE FL 32217	7. Name and Address of New Registered Agent Name William J. Homer Street Address (P.O. Box Number is Not Acceptable) 1970 S Third Street City Jacksonville Beach FL Zip Code 32250
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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 *William J. Homer* **William J. Homer** **1/15/01**
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. **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 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	PD FULFORD, ROBERT M 2870 UNIVERSITY BLVD. WEST JACKSONVILLE FL 32217 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOMER, WILLIAM J 2870 UNIVERSITY BLVD. WEST JACKSONVILLE FL 32217 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President / Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition William J. Homer 1970 S Third St Jacksonville Beach, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOMER, SARAH J 2870 UNIVERSITY BLVD WEST JACKSONVILLE FL 32217 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President / Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition William M. Mago 12419 Lacey Drive New Port Rickey, FL 34654
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
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

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: *William J. Homer* **1/15/01** (904) 223-9577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)