

# 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 <b>2870 UNIVERSITY BLVD.WEST          SUITE 103          JACKSONVILLE FL 32217</b>	Mailing Address <b>2870 UNIVERSITY BLVD.WEST          SUITE 103          JACKSONVILLE FL 32217</b>
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**903970**



DO NOT WRITE IN THIS SPACE

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

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

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