

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**  
 04-30-2001 90105 027 \*\*\*150.00

**DOCUMENT # 821987**

1. Entity Name

**GENERAL CINEMA BEVERAGES OF NORTH FLORIDA, INC.**

Principal Place of Business

Mailing Address

C/O PEPSI COLA TAX DEPT.  
 1 PEPSI WAY  
 SOMERS NY 10589-9201

C/O PEPSI COLA TAX DEPT.  
 1 PEPSI WAY  
 SOMERS NY 10589-9201

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1225493**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324**

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's signature required when re-instating)

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, 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	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>JUNG, CRAIG D</b>	
STREET ADDRESS	<b>1 PEPSI WAY</b>	
CITY-ST-ZIP	<b>SOMERS, NY.</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>KUPFERSHID, GEOFFREY</b>	
STREET ADDRESS	<b>1 PEPSI WAY</b>	
CITY-ST-ZIP	<b>SOMERS NY 10589</b>	
TITLE	<b>VSD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CARSOU, KATHRYN L</b>	
STREET ADDRESS	<b>1 PEPSI WAY</b>	
CITY-ST-ZIP	<b>SOMERS NY 10589</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BELLUCCI, PATRICIA</b>	
STREET ADDRESS	<b>1 PEPSI WAY</b>	
CITY-ST-ZIP	<b>SOMERS NY 10589</b>	
TITLE	<b>VTD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BRIDGMAN, PETER A</b>	
STREET ADDRESS	<b>1 PEPSI WAY</b>	
CITY-ST-ZIP	<b>SOMERS NY</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>President, Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Lionel L. Nowell</b>	
STREET ADDRESS	<b>1 Pepsi Way</b>	
CITY-ST-ZIP	<b>Somers, NY 10589</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>VP, Secretary, Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Steven M. Rapp</b>	
STREET ADDRESS	<b>1 Pepsi Way</b>	
CITY-ST-ZIP	<b>Somers, NY 10589</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Celeste Tate</b>	
STREET ADDRESS	<b>1 Pepsi Way</b>	
CITY-ST-ZIP	<b>Somers, NY 10589</b>	
TITLE	<b>VP, Treasurer, Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Christopher Langhoff</b>	
STREET ADDRESS	<b>1 Pepsi Way</b>	
CITY-ST-ZIP	<b>Somers NY 10589</b>	
TITLE	<b>Vice President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Judith Lemke</b>	
STREET ADDRESS	<b>1 Pepsi Way</b>	
CITY-ST-ZIP	<b>Somers, NY 10589</b>	

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:

*Geoffrey Kupferschmid* **Geoffrey Kupferschmid**

4/26/01

914-767-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

**General Cinema Beverages of North Florida, Inc.**

1 PEPSI WAY  
SOMERS, NY 10589-2201  
(FEIN: 59-1225493)

Attachment  
DI# 821987  
Add 60345

**DIRECTORS:**

Lionel L. Nowell

Steven M. Rapp

Christopher Langhoff

**BUSINESS ADDRESS:**

1 Pepsi Way Somers, NY 10589

1 Pepsi Way Somers, NY 10589

1 Pepsi Way Somers, NY 10589

**OFFICERS:**

Lionel L. Nowell	President	1 Pepsi Way Somers, NY 10589
Christopher Langhoff	Vice President	1 Pepsi Way Somers, NY 10589
	Treasurer	
Regina Allegretti-Davenport	Vice President	1 Pepsi Way Somers, NY 10589
	Assistant Secretary	
Steven M. Rapp	Vice President	1 Pepsi Way Somers, NY 10589
	Secretary	
Judith A. Lemke	Vice President	1 Pepsi Way Somers, NY 10589
Geoffrey Kupferschmid	Vice President	1 Pepsi Way Somers, NY 10589
Celeste Tate	Vice President	1 Pepsi Way Somers, NY 10589

12/2000