

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90132 031 \*\*\*150.00

**DOCUMENT # P01000119008**



**1. Entity Name**  
**PALACE THEATRE, INC.**

**Principal Place of Business**  
703 COURT ST.  
CLEARWATER FL 33756-5507

**Mailing Address**  
1410 NW 13TH ST  
SUITE 6  
GAINESVILLE FL 32601

**2. Principal Place of Business**

**233 W. UNIVERSITY AVE.**

**3. Mailing Address**

**5328 72ND ST.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

**City & State**  
**GAINESVILLE FLORIDA**

**City & State**  
**GAINESVILLE FLORIDA**

**4. FEI Number** 80-0002461

**Applied For**  
Not Applicable

**Zip**  
**32653**

**Country**  
**ALACHUA**

**Zip**  
**32653**

**Country**  
**ALACHUA**

**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**

**JENNINGS, THOMAS C III**  
703 COURT ST.  
CLEARWATER FL 33756-5507

**Name**  
**WILLIE JACKSON**

**Street Address (P.O. Box Number is Not Acceptable)**  
**5328 72ND STREET**

**City** **GAINESVILLE**

**FL**

**Zip Code**  
**32653**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

**WILLIE JACKSON**

(NOTE: Registered Agent signature required when reinstating)

**4/8/03**

**DATE**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **PT** ☒ **Delete**  
**NAME** **DAWSON, KEN**  
**STREET ADDRESS** **1410 NW 13TH ST SUITE 6**  
**CITY-ST-ZIP** **GAINESVILLE FL 32601**

**TITLE** **PT** ☒ **Change** ☐ **Addition**  
**NAME** **WILLIE JACKSON**  
**STREET ADDRESS** **5328 72ND STREET**  
**CITY-ST-ZIP** **GAINESVILLE, FL 32653**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Change** ☐ **Addition**  
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**CITY-ST-ZIP**

**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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PRESIDENT**

Date

Daytime Phone #

**4/8/03 352-378-7600**

CR2E034 (10/02)