

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2000 8:00 am**  
**Secretary of State**

02-03-2000 90018 022 \*\*\*150.00

**DOCUMENT # P98000013220**

1. Entity Name  
**GENERAL CINEMA CORP. OF WEST PALM BEACH**

Principal Place of Business      Mailing Address  
**1290 BOYLSTON STREET**      **1290 BOYLSTON STREET**  
**CHESTNUT HILL MA 02167**      **CHESTNUT HILL MA 02467-2112**

0002470



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**04-3409068**      Not Applicable

5. Certificate of Status Desired   **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

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

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, 2000 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

|                |                        |  |
|----------------|------------------------|--|
| TITLE          | PD                     | <input checked="" type="checkbox"/> Delete |
| NAME           | DOEREN, WILLIAM B      |  |
| STREET ADDRESS | 1280 BOYLSTON ST       |  |
| CITY-ST-ZIP    | CHESTNUT HILL MA 02467 |  |
| TITLE          | VPD                    | <input type="checkbox"/> Delete            |
| NAME           | SMITH, ROBERT A        |  |
| STREET ADDRESS | 27 BOYLSTON ST         |  |
| CITY-ST-ZIP    | CHESTNUT HILL MA 02467 |  |
| TITLE          | VPD                    | <input type="checkbox"/> Delete            |
| NAME           | EDWARDS, GAIL G        |  |
| STREET ADDRESS | 1300 BOYLSTON ST       |  |
| CITY-ST-ZIP    | CHESTNUT HILL MA 02467 |  |
| TITLE          | VPS                    | <input type="checkbox"/> Delete            |
| NAME           | SZABLA, PHILIP J       |  |
| STREET ADDRESS | 1300 BOYLSTON ST       |  |
| CITY-ST-ZIP    | CHESTNUT HILL MA 02467 |  |
| TITLE          |                        | <input type="checkbox"/> Delete            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |
| TITLE          |                        | <input type="checkbox"/> Delete            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                         |  |
|----------------|-------------------------|--|
| TITLE          | PD                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Frank T. Stryjewski     |  |
| STREET ADDRESS | 1280 Boylston St.       |  |
| CITY-ST-ZIP    | Chestnut Hill, MA 02467 |  |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| CITY-ST-ZIP    |                         |  |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| CITY-ST-ZIP    |                         |  |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| CITY-ST-ZIP    |                         |  |

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: *[Signature]*      **SIGNATURE REQUIRED**      Date: 1/25/00      Daytime Phone #: 617-264-8098

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR