

2000 UNIFORM BUSINESS REPORT (UBR)

4/28/00-90079-025-\$150.00-\$150.00

DOCUMENT # P99000069844

1. Entity Name

SHOWSOUTH, INC.

FILED

00 JUN 16 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

5116 N.W. 64TH TERRACE
LAUDERHILL FL 33311

Mailing Address

5116 N.W. 64TH TERRACE
LAUDERHILL FL 33319-7243

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CRAWFORD, JOHN R
225 WATER STREET SUITE 900
JACKSONVILLE FL 32202

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

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.
(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 D
NAME WRAY, JON C
STREET ADDRESS 5116 N.W. 64TH TERRACE
CITY-ST-ZIP LAUDERHILL FL 33311 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
LAUDERHILL, FL 33319

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
TS

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/00

Date

(407) 629-7370

Daytime Phone #

CR2E034 (9/99)

NATO

The National Association
of Theatre Owners
Florida Chapter
5116 NW 64th Terrace
Lauderhill, Florida 33319
(954) 749-0048

June 6, 2000

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Subject: Showeast, Inc. & Showsouth, Inc.

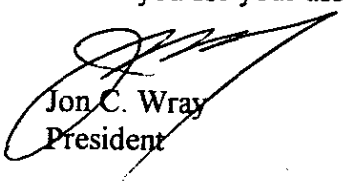
Reference numbers: P99000062052 & P99000069844

I am returning the UBR forms for the 2 above named corporations with the "Not Applicable" box checked for both. Neither corporation has an FEI number as they are both inactive and have no employees or income.

In a discussion with Grace at your office this was her instruction.

Please also waive the fee for being beyond the 30 days allowed in your notice. The second week of May I went into Westchester Hospital in Miami for a minor test and ended up in Intensive Care and stayed in the hospital for over a week and then had to stay in bedrest at home until the end of the month. I discovered both of these communications upon my return to work.

Thank you for your assistance in this matter.



Jon C. Wray
President