

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**  
 05-28-2002 91513 025 \*\*\*150.00

0094620 AV

**DOCUMENT # S41320**

1. Entity Name  
**TOTAL G & C THEATRES, INC.**

Principal Place of Business <b>1405 DOLIVE DR.                  ORLANDO FL 32803</b>	Mailing Address <b>1405 DOLIVE DR.                  ORLANDO FL 32803</b>
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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 <b>65-0268832</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

**GAINES, J. PENDLETON  
 1405 DOLIVE DR.  
 ORLANDO FL 32803**

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 \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD                      GAINES, J. PENDLETON                      1405 DOLIVE DR.                      ORLANDO FL 32803</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD                      GAINES, STELLA D.                      1405 DOLIVE DR.                      ORLANDO FL 32803</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD                      POPE, PAMELA                      4237 WINDERLAKE DR.                      ORLANDO FL 32805</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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:** *[Signature]* **4/23/07**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

~~Attachment~~

841320

701375

May 5, 2002

## SPECIAL MEMO

To: Divisions of Corporations  
State Capitol, Tallahassee, FL

From: Pen Gaines  
Orlando, FL

We had three parcels mailed about the same date to be returned to us, or to take longer than usual, as an envelope, the same size at this one, was sent to the IRS on April 12, 02 with a certified/return receipt.

We left for our beach home on Thursday, May 2, and did not see the "returned envelope" mailed to Divisions of Corps on April 24, when we returned, and with same mail, received the IRS return receipt mailed three weeks earlier.

Am enclosing a copy of the envelope to Divisions of Corps, mailed April 24 to prove the payments were made on time, at the same time we mail each year. We could not tell by the P.O. mark on the "return" why it was not delivered.

Thanks,

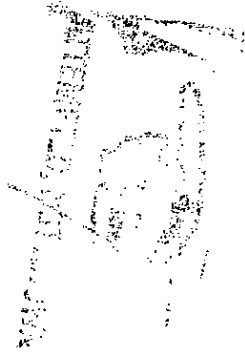
Pen Gaines



Attachment 541320

7101375

4. Postage (72¢) Omit  
SHE DOWNSIDE  
Orlando, FL 32803



APR 24 1971

80 CASH  
STAMP

To: Division of Corporations  
Uniform Business Report Filings  
P. O. Box 1500  
Tallahassee, Florida 32301-1500