

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 477181

1. Entity Name  
VILLAGE SUPERMARKET, INC.

Principal Place of Business

40 8TH ST  
SHALIMAR FL 32579  
US

Mailing Address

1021-E E JOHN SIMS PARKWAY  
NICEVILLE FL 32578

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 59-1595894

Applied For

Not Applicable

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

KELLEY, CHARLES  
1021-E EAST JOHN SIMS PKWY  
NICEVILLE FL 32578

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 *Charles R. Kelley*  
Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when re-stat ing)

4/30/01  
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 PD  
NAME KELLEY, CHARLES SR  
STREET ADDRESS 179 MONAHAN DRIVE  
CITY-ST-ZIP FT WALTON BCH, FL 00000 ☐ Delete

TITLE SD  
NAME KELLEY, SARAH  
STREET ADDRESS 179 MONAHAN DRIVE  
CITY-ST-ZIP FT WALTON BCH, FL 00000 ☐ Delete

TITLE TD  
NAME KELLEY, PATRICIA L  
STREET ADDRESS 1-B BAYOU DR  
CITY-ST-ZIP FT WALTON BCH FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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: *Patricia Kelley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01  
Date

(850) 678-1535  
Caption Phone #

FILED  
May 17, 2001 8:00 am  
Secretary of State

05-17-2001 91280 032 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)