2000 UNIFORM BUSINESS REPORT (UBR)

Jan 20, 2000 8:00 am Secretary of State DOCUMENT # F98000004538 1. Entity Name VILLAGE HOTEL & RESTAURANT, INC. 01-20-2000 90098 022 ***158.75 Mailing Address Principal Place of Business 7830 PINE FOREST ROAD 7830 PINE FOREST ROAD wvvvarti PENSACOLA FL 32526 PENSACOLA FL 32526-8404 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 63-1023085 Not Applicable Zip Country Country Zio \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WILLINGHAM, PATRICK Street Address (P.O. Box Number is Not Acceptable) 7830 PINE FOREST ROAD PENSACOLA FL 32526 City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back). Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change Addition ☐ Delete TITLE TITLE CARLSON, WILLIAM T. SHERER; MAURICE: NAME NAME 25814 CANAL RO. 25819 CANAL ROAD STREET ADDRESS STREET ADDRESS CITY-ST-7IP ORANGE BEACH, AL 36561 CITY-ST-7IP **ORANGE BEACH AL 36561** VCPD Addition ☐ Delete TITLE Change Cooler, John WILLINGHAM, PATRICK NAME NAME 25814 CANAL RO. 25819 CANAL ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORANGE BEACH AL 36561 ORANGE BEACH, AL 3656! ASST. SEL'Y ... Addition ☐ Delete Change TITLE GILMORE, GARY A. WARREN, DOUG NAME NAME 25819 CANAL ROAD STREET ADDRESS 25019 CANAL RO. STREET ADDRESS CITY-ST-ZIP OLANGE BEACH, AL 36561 CITY-ST-ZIP **ORANGE BEACH AL 36561** Addition TITLE ☐ Delete TITLE Change GLOBETTI, STEVEN WINBORNE, ROYCE NAME NAME 25019 CAMAL RD, 25819 CANAL ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP **ORANGE BEACH AL 36561** DRANGE BEACH, AL 36561 TITLE ☐ Defete TITLE ☐ Change ☐ Addition JOHNSON, MILLARD NAME NAME STREET ADDRESS 25819 CANAL ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **ORANGE BEACH AL 36561** Change ☐ Addition TITLE ☐ Delete TITLE LAIRD, PHILIP A NAME NAME STREET ADDRESS 25819 CANAL ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **ORANGE BEACH AL 36561** 13. I hereby certify that the information supplied with this filling 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

FILED