

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2003 8:00 am**  
**Secretary of State**

03-07-2003 90086 022 \*\*\*158.75

**DOCUMENT # F98000004538**

1. Entity Name  
**VILLAGE HOTEL & RESTAURANT, INC.**



Principal Place of Business  
**7830 PINE FOREST ROAD  
PENSACOLA FL 32526**

Mailing Address  
**7830 PINE FOREST ROAD  
PENSACOLA FL 32526**

2. Principal Place of Business

3. Mailing Address

**25819 Canal Rd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Orange Beach AL**

4. FEI Number  
**63-1023085**

Applied For  
Not Applicable

Zip

Country

Zip

Country

**36561**

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

**WILLINGHAM, PATRICK  
7830 PINE FOREST ROAD  
PENSACOLA FL 32526**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CD  
SHERER, MAURICE  
25819 CANAL ROAD  
ORANGE BEACH AL 36561** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VCPD  
WILLINGHAM, PATRICK  
25819 CANAL ROAD  
ORANGE BEACH AL 36561** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
WARREN, DOUG  
25819 CANAL ROAD  
ORANGE BEACH AL 36561** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
WINBORNE, ROYCE  
25819 CANAL ROAD  
ORANGE BEACH AL 36561** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
WADE, HAROLD  
25819 CANAL ROAD  
ORANGE BEACH AL 36561** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
LAIRD, PHILIP A  
25819 CANAL ROAD  
ORANGE BEACH AL 36561** ☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

**ROBIN E JOHNSON**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-4-03**

**251-981-0200**

Date

Daytime Phone #

CR2E034 (10/02)