

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K77251

1. Entity Name

VILLAGE SQUARE RESTAURANT, INC.

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90063 007 ***150.00

Principal Place of Business

Mailing Address

301 WEST SOUTH PARK STREET
OKEECHOBEE FL 34972-4162

301 WEST SOUTH PARK STREET
OKEECHOBEE FL 34972-4162

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

65-0113811

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

PARRIS, BENJAMIN J
2355 SW 28 ST. APT 60 A
OKEECHOBEE FL 34974

Name
Purvis Benjamin J.
Street Address (P.O. Box Numbers Not Acceptable)
2355 SW 28 St 60A
Okeechobee,
City Okeechobee FL Zip Code 34974

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME PARRIS, BENJAMIN
STREET ADDRESS 2355 SW 28ST. 60 A
CITY-ST-ZIP OKEECHOBEE FL 34974 ☐ Delete

TITLE PD
NAME Purvis, Benjamin J.
STREET ADDRESS 2355 SW 28 St. 60A
CITY-ST-ZIP Okeechobee, FL 34974 ☒ Change ☐ Addition

TITLE STD
NAME PURVIS, GENTRY L
STREET ADDRESS 2355 28 ST. 60 A
CITY-ST-ZIP OKEECHOBEE FL 34974 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Benjamin J. Purvis

Date

1-7-00

Daytime Phone #

941-467-0067

CR2E034 (9/99)