

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91416 044 ****61.25

DOCUMENT # N01000001810

1. Entity Name

VILLAGES SERVICES COOPERATIVE, INC.



Principal Place of Business

**2450 N. CITRUS HILLS BLVD
HERNANDO FL 34442**

Mailing Address

**2450 N. CITRUS HILLS BLVD
HERNANDO FL 34442**

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 **59-3712973**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**PETERSON, THOMAS E
136 E. JOPLIN CT.
HERNANDO FL 34442**

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. 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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **PETERSON, THOMAS E**
STREET ADDRESS **136 E JOPLIN CT.**
CITY-ST-ZIP **HERNANDO FL 34442**

TITLE **TD** ☒ Delete
NAME **STOOPS, JACK**
STREET ADDRESS **1388 N. ANNAPOLIS AVE.**
CITY-ST-ZIP **HERNANDO FL 34442**

TITLE **VPS SECRETARY-TREASURER** ☐ Delete
NAME **COLLINS, BOB**
STREET ADDRESS **1602 W. STAFFORD ST**
CITY-ST-ZIP **HERNANDO FL 34442**

TITLE **SD** ☒ Delete
NAME **RICHER, CHARLES**
STREET ADDRESS **926 E TRIPLE CROWN LOOP**
CITY-ST-ZIP **HERNANDO FL 34442**

TITLE **D** ☐ Delete
NAME **BUCKLEY, ED**
STREET ADDRESS **589 W CHASE STREET**
CITY-ST-ZIP **HERNANDO FL 34442**

TITLE **VPD** ☐ Delete
NAME **JOHN KEATING**
STREET ADDRESS **2280 N GLADES POINT**
CITY-ST-ZIP **HERNANDO, FL 34442**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 617, 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:

REQUIRED

4/28/03 3327466770

CR2E037 (10/02)