

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

07-16-2003 90045002 \*\*\*150.00  
P02000133993

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DOCUMENT # P02000133993

1. Entity Name  
WORD OF MOUTH RESTAURANT GROUP, INC.



03 AUG -5 PM 1:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
5960 W. HIGHWAY 30-A  
SANTA ROSA BEACH FL 32459

Mailing Address  
5960 W. HIGHWAY 30-A  
SANTA ROSA BEACH FL 32459

2. Principal Place of Business  
5960 W. HIGHWAY 30-A SANTA ROSA BEACH FL 32459

3. Mailing Address  
Same

City & State  
Santa Rosa Beach, FL

City & State

4. FEI Number  
11-3675043

Applied For  
Not Applicable

Zip  
32459

Country  
USA

Zip  
Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RICHARD, JAMES L  
5960 W. HIGHWAY 30-A  
SANTA ROSA BEACH FL 32459

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$550.00  
After September 10, 2003 Fee will be \$750.00  
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	D RICHARD, JAMES L 5960 W. HIGHWAY 30-A SANTA ROSA BEACH FL 32459	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-15-03 8502672871  
Date Daytime Phone #

CR2E034 (4/03)

7-15-03

TO: Division of Corp

FM: WORD OF MOUTH RESTAURANT  
GROUP, INC

DBA THE LAKE PLACE

FBI - 11-3675043CORP # PO2000133993

RE: UBR

Please be advised this is a new  
corp and was never in receipt of  
initial WBR form. ATTACH is  
\$150.00 for original FEE.

THANK YOU  
RE Richard