

**2000 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P98000001507**

1. Entity Name  
**VILLAGE MARKET, INC.**

**FILED**  
**Apr 22, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90047 003 \*\*\*150.00

Principal Place of Business: **2865 SOUTH PONTE VEDRE BLVD. S.PONTE VEDRE BEACH FL 32082**  
Mailing Address: **2865 SOUTH PONTE VEDRE BLVD. S.PONTE VEDRE BEACH FL 32082-4529**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.

City & State

4. FEI Number **59-3487541**  
Applied For:  Not Applicable

Zip: Country

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

6. Name and Address of Current Registered Agent  
**SMITH, RICHARD W**  
**2865 S. PT VEDRA BLVD**  
**S. PT VEDRA FL 32084**

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.

SIGNATURE: \_\_\_\_\_ (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	
TITLE: <b>P</b> NAME: <b>SMITH, RICHARD W</b> STREET ADDRESS: <b>2865 S. PT VEDRA BLVD</b> CITY-ST-ZIP: <b>S. PT VEDRS FL 32082</b>	<input type="checkbox"/> Delete
TITLE: <b>VP</b> NAME: <b>SMITH, CHRISTOPHER W</b> STREET ADDRESS: <b>2865 S. PT VEDRA BLVD</b> CITY-ST-ZIP: <b>S. PT VEDRS FL 32082</b>	<input type="checkbox"/> Delete
TITLE: <b>ST</b> NAME: <b>SMITH, BARBARA</b> STREET ADDRESS: <b>2865 S. PT VEDRA BLVD</b> CITY-ST-ZIP: <b>S. PT VEDRS FL 32082</b>	<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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> 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: Richard W Smith **REQUIRED** Date: 4-17-00 Daytime Phone #: \_\_\_\_\_

CR2E034 (9/99)