

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2001 8:00 am**  
**Secretary of State**

05-12-2001 90003 027 \*\*\*150.00

31617

**DOCUMENT # 820518**

1. Entity Name

**ORANGE JULIUS OF AMERICA**

Principal Place of Business

Mailing Address

**7505 METRO BLVD  
 MINNEAPOLIS MN 55439  
 US**

**P O BOX 39286  
 MINNEAPOLIS MN 55439  
 US**

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 **95-2241725**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324**

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

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, 2001 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 NAME	<b>CD</b> <b>MOOTY, JOHN W.</b>	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>6600 DOVRE DRIVE EDINA MN</b>	
TITLE NAME	<b>PD</b> <b>SULLIVAN, MIKE</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>70 WOODLAND CRCL. EDINA MN</b>	
TITLE NAME	<b>D</b> <b>MOOTY, CHARLES W</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>4615 MOORLAND AVE. EDINA MN</b>	
TITLE NAME	<b>VP</b> <b>WATSON, EDWARD A.</b>	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>11030 OREGON AVE SO. BLOOMINGTON MN</b>	
TITLE NAME	<b>S</b> <b>BOND, DAVID M.</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>10033 IRWIN ROAD BLOOMINGTON MN</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	<b>7505 metro Blvd MINNEAPOLIS MN 55439</b>	
TITLE NAME	<b>PD</b> <b>MOOTY, CHARLES</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	<b>7505 metro Blvd MINNEAPOLIS MN 55439</b>	
TITLE NAME	<b>S</b> <b>ZUCCO, WILLIAM</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	<b>7505 metro Blvd MINNEAPOLIS MN 55439</b>	
TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	<b>7505 Metro Blvd MINNEAPOLIS MN 55439</b>	
TITLE NAME	<b>TC</b> <b>Simpson, James</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	<b>7505 Metro Blvd MINNEAPOLIS MN 55439</b>	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		

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:

*Jim Simpson*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer

Date

952-830-0356  
 Daytime Phone #

CR2E034 (10/00)