

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90109 023 ***150.00

DOCUMENT # P06472

1. Entity Name

SUNNY FRESH FOODS, INC.

Principal Place of Business

Mailing Address

15407 MCGINTY ROAD
 WAYZATA MN 55391
 US

P.O. BOX 5626 MS 26
 MINNEAPOLIS MN 55440-5626
 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

41-1518244

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

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, 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 ☐ Delete
 NAME **PD**
 STREET ADDRESS **ROSE, JERRY R.**
 CITY-ST-ZIP **206 W. 4TH ST.**
MONTICELLO MN

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

TITLE ☐ Delete
 NAME **VD**
 STREET ADDRESS **GUYRE, JAMES A.**
 CITY-ST-ZIP **15615 MCGINTY ROAD WEST**
WAYZATA MN

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

TITLE ☐ Delete
 NAME **AS**
 STREET ADDRESS **HALBACH, PATRICE H**
 CITY-ST-ZIP **15407 MCGINTY ROAD WEST**
WAYZATA MN 55391

TITLE ☒ Change ☐ Addition
 NAME **VICE PRESIDENT**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **SMITH JEANNE Y.**
 CITY-ST-ZIP **15615 MCGINTY ROAD WEST**
WAYZATA MN

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

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **VEAZEY, WILLIAM W.**
 CITY-ST-ZIP **15615 MCGINTY ROAD WEST**
WAYZATA MN

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

TITLE ☒ Delete
 NAME **AS**
 STREET ADDRESS **CARLSON, ANNE E.**
 CITY-ST-ZIP **15615 MCGINTY ROAD, WEST**
WAYZATA MN

TITLE ☐ Change ☒ Addition
 NAME **Assistant Secretary**
 STREET ADDRESS **Lundeen, Lillian I.**
 CITY-ST-ZIP **15407 McGinty Rd**
Wayzata, MN 55391

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

Lillian I. Lundeen, Ass't. Sect. 04-01-00

Date

Daytime Phone #

612-742-6406

CR2E034 (9/99)