

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 854829**

1. Entity Name

JERRY'S FOODS, INCORPORATED**FILED****Jun 20, 2001 8:00 am****Secretary of State**

06-20-2001 90007 006 ***550.00

Principal Place of Business
**5101 VERNON AVENUE SOUTH
EDINA MN 55436**

Mailing Address
**5101 VERNON AVENUE SOUTH
EDINA MN 55436**

A0074295

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 **41-0834686**

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

**BENHAM, BRIAN
1700 PERIWINKLE WAY
SANIBEL FL 33957**

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 **PC** ☐ Delete
NAME **PAULSEN, GERALD A.**
STREET ADDRESS **6528 CHEROKEE TRAIL**
CITY-ST-ZIP **EDINA MN**

TITLE **VP** ☐ Delete
NAME **GERDES, DAVID**
STREET ADDRESS **715 WINDEMERE DRIVE**
CITY-ST-ZIP **PLYMOUTH MN**

TITLE **VP** ☐ Delete
NAME **DIXON, KENT D.**
STREET ADDRESS **109 CLOVER LANE**
CITY-ST-ZIP **DELAND MN**

TITLE **V** ☐ Delete
NAME **GERMAIN ST., GEORGE**
STREET ADDRESS **16 ECHO DELLWOOD**
CITY-ST-ZIP **WHITE BEAR LAKE MN**

TITLE **V** ☐ Delete
NAME **SHADDUCK, ROBERT**
STREET ADDRESS **CLEARWATER LAKE**
CITY-ST-ZIP **ANNANDALE MN**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

TITLE ☐ Change ☐ Addition
NAME
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kent D. Dixon**VP-Finance****6/15/01**

Date

(952) 922-8335

Daytime Phone #