

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State
 05-11-2001 90121 031 ***150.00

DOCUMENT # F95000004670

1. Entity Name
FLYING J INC.

Principal Place of Business

50 WEST 990 SOUTH
 BRIGHAM CITY UT 84302

Mailing Address

50 WEST 990 SOUTH
 BRIGHAM CITY UT 84302

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 **94-1663458**

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 SOUTH PINE ISLAND RD
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	C	<input type="checkbox"/> Delete
NAME	CALL, O. JAY	
STREET ADDRESS	50 WEST 990 SOUTH	
CITY-ST-ZIP	BRIGHAM CITY UT 84302	
TITLE	D	<input type="checkbox"/> Delete
NAME	CALL, THAD J	
STREET ADDRESS	50 WEST 990 SOUTH	
CITY-ST-ZIP	BRIGHAM CITY UT	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAGGELET, CRYSTAL C	
STREET ADDRESS	50 WEST 990 SOUTH	
CITY-ST-ZIP	BRIGHAM CITY UT 84302	
TITLE	DP	<input type="checkbox"/> Delete
NAME	ADAMS, J PHILLIP	
STREET ADDRESS	50 WEST 990 SOUTH	
CITY-ST-ZIP	BRIGHAM CITY UT 84302	
TITLE	V	<input type="checkbox"/> Delete
NAME	GERMER, RICHARD E	
STREET ADDRESS	50 WEST 990 SOUTH	
CITY-ST-ZIP	BRIGHAM CITY UT 84302	
TITLE	VPST	<input type="checkbox"/> Delete
NAME	BURGON, BARRE G	
STREET ADDRESS	50 WEST 990 SOUTH	
CITY-ST-ZIP	BRIGHAM CITY UT	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

Barre G. Burgon

05/02/01

Date

(435) 734-3727

Daytime Phone #

CR2E034 (10/00)