

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000002923

1. Entity Name

JENNY CRAIG OPERATIONS, INC.

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90235 006 \*\*\*150.00

Principal Place of Business

Mailing Address

11355 NORTH TORREY  
PINES RD.  
LA JOLLA CA 92038  
US

11355 NORTH TORREY PINES ROAD  
LA JOLLA CA 92037-1013  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

33-0686391

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

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	V	<input type="checkbox"/> Delete
NAME	KELLY, JAMES	
STREET ADDRESS	11355 NORTH TORREY PINES ROAD	
CITY-ST-ZIP	LA JOLLA CA	
TITLE	DC	<input type="checkbox"/> Delete
NAME	CRAIG, SIDNEY	
STREET ADDRESS	11355 NORTH TORREY PINES RD.	
CITY-ST-ZIP	LA JOLLA CA	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRAIG, GENEVIEVE	
STREET ADDRESS	11355 NORTH TORREY PINES ROAD	
CITY-ST-ZIP	LA JOLLA C 92037	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	JEUB, MICHAEL	
STREET ADDRESS	11355 NORTH TORREY PINES RD.	
CITY-ST-ZIP	LA JOLLA CA	
TITLE	S	<input type="checkbox"/> Delete
NAME	SEARS, MARVIN	
STREET ADDRESS	2049 CENTRUY PARK EAST, SUITE 3200	
CITY-ST-ZIP	LOS ANGELES CA 90067-3206	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	VOLCK, PHILIP	
STREET ADDRESS	11355 N TORREY PINES RD	
CITY-ST-ZIP	LA JOLLA CA	

TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, JAMES	
STREET ADDRESS	11355 NORTH TORREY PINES ROAD	
CITY-ST-ZIP	LA JOLLA, CA 92037	
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	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LARCHET, PATTI	
STREET ADDRESS	11355 NORTH TORREY PINES ROAD	
CITY-ST-ZIP	LA JOLLA, CA 92037	

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

Date

Daytime Phone #

JAMES KELLY 2/2/00 858-812-2190

CR2E034 (9/99)