

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 26, 2001 8:00 am**
Secretary of State

04-26-2001 90028 022 ***150.00

DOCUMENT # F98000001472

1. Entity Name

STAR BUFFET, INC.

Principal Place of Business

**420 LAWDALE DRIVE
SALT LAKE CITY UT 84115**

Mailing Address

**420 LAWDALE DRIVE
SALT LAKE CITY UT 84115**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **84-1430786**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	TS	<input type="checkbox"/> Delete
NAME	DOWDY, RON	
STREET ADDRESS	420 LAWDALE DRIVE	
CITY-ST-ZIP	SALT LAKE CITY UT 84115	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WHEATON, ROBERT E	
STREET ADDRESS	420 LAWDALE DRIVE	
CITY-ST-ZIP	SALT LAKE CITY UT 34115	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHADT, THOMAS G	
STREET ADDRESS	1411 E ORANGEWOOD AVE	
CITY-ST-ZIP	PHOENIX AZ 85020	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, PHILLIP	
STREET ADDRESS	2902 FOREST CLUB DRIVE	
CITY-ST-ZIP	PLANT CITY FL 33567	
TITLE	D	<input type="checkbox"/> Delete
NAME	LLOYD, JACK M	
STREET ADDRESS	7373 N SCOTTSDALE ROAD	
CITY-ST-ZIP	SCOTTSDALE AZ 85257	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHEATON, CRAIG	
STREET ADDRESS	4101 LAKE BOONE TRAIL	
CITY-ST-ZIP	RALEIGH NC 27607-6519	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	ZIP - 84115
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	638 5TH St., #2
CITY-ST-ZIP	Hermosa Beach, Ca. 90254
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	420 Lawndale Drive
CITY-ST-ZIP	Salt Lake City, Utah 84115
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)(j), 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

3-12-2001

Date

801-413-5516

Daytime Phone #

CR2E034 (10/00)