

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004324

1. Entity Name

LYOYD'S BARBEQUE COMPANY

**FILED**  
**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90117 017 \*\*\*150.00

Principal Place of Business

Mailing Address

1455 MENDOTA HEIGHTS ROAD  
MENDOTA HEIGHTS MN 55120

1455 MENDOTA HEIGHTS ROAD  
MENDOTA HEIGHTS MN 55120-1002

2. Principal Place of Business

3. Mailing Address

Number One General Mills Blvd P.O. Box 1113

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Tax Department



DO NOT WRITE IN THIS SPACE

City & State

Minneapolis, MN

City & State

Minneapolis, MN

4. FEI Number

41-1434377

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

Zip

Country

Hennepin

Zip

Country

Hennepin

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH 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

TITLE CD ☐ Delete  
NAME BELTON, Y. MARC  
STREET ADDRESS NUMBER ONE GENERAL MILLS BLVD.  
CITY-ST-ZIP MINNEAPOLIS MN 55426

TITLE P ☐ Delete  
NAME HOFMEISTER, FRANZ J  
STREET ADDRESS 1455 MENDOTA HEIGHTS ROAD  
CITY-ST-ZIP MENDOTA HEIGHTS MN 55120

TITLE V ☐ Delete  
NAME BERNHARDSON, IVY S  
STREET ADDRESS NUMBER ONE GENERAL MILLS BLVD.  
CITY-ST-ZIP MINNEAPOLIS MN 55426

TITLE V ☐ Delete  
NAME HARPER, ERNEST M JR  
STREET ADDRESS NUMBER ONE GENERAL MILLS BLVD.  
CITY-ST-ZIP MINNEAPOLIS MN 55426

TITLE V ☐ Delete  
NAME LIESER, CHASE M II  
STREET ADDRESS 1455 MENDOTA HEIGHTS ROAD  
CITY-ST-ZIP MENDOTA HEIGHTS MN 55120

TITLE V ☐ Delete  
NAME MARTURANO, JANICE L  
STREET ADDRESS NUMBER ONE GENERAL MILLS BLVD.  
CITY-ST-ZIP MINNEAPOLIS MN 55426

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
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TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

SCHEDULE ATTACHED

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Assistant Treasurer

Date

Daytime Phone #

1-2400