

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000103624

1. Entity Name  
GOURMET BUFFET, INC.

**FILED**  
**Aug 08, 2001 8:00 am**  
**Secretary of State**

08-08-2001 90002 041 \*\*\*150.00

0002135  
AV

Principal Place of Business  
140 WEST MONROE STREET  
JACKSONVILLE FL 32202

Mailing Address  
140 WEST MONROE STREET  
JACKSONVILLE FL 32202



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

59-3682466

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

CHEN, MICHAEL W  
140 WEST MONROE STREET  
JACKSONVILLE FL 32202

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DP  
CHEN, MICHAEL W  
140 WEST MONROE STREET  
JACKSONVILLE FL 32202

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/31/01

Date

Daytime Phone #

CR2E034 (5/01)

To: DEPT of STATE

Attachments

7/30/01

# P00000103624

A0080310

From: Gourmet Buffet Inc Doc # P00000103624

Ref: 2001 Uniform Business Report

Dear Sir: I am writing to you in reference to the annual report fee for Gourmet Buffet Inc for Year 2001. This annual report form that I am sending is the first report that I received in the mail. I did not receive the first mailing of the report back in Feb. 01. I have called the Dept of State and I was told to write a letter to the explanatory (reasons) for waiving of the late penalty. <sup>\$150.00</sup> If I have received this form on time. I would have mailed the payment by May 1 2001. I am now submitting a \$150.00 Check with the report. Please waive the late fee for the reasons that I have described above. I would very much appreciate for your consideration. Thank you for your attention.

Chin Li