

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 30, 2000 8:00 am**  
**Secretary of State**

03-30-2000 90109 023 \*\*\*150.00

**DOCUMENT # P06472**

1. Entity Name

**SUNNY FRESH FOODS, INC.**

Principal Place of Business

Mailing Address

15407 MCGINTY ROAD  
 WAYZATA MN 55391  
 US

P.O. BOX 5626 MS 26  
 MINNEAPOLIS MN 55440-5626  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**41-1518244**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM**  
**1200 S. 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	ROSE, JERRY R.	
STREET ADDRESS	206 W. 4TH ST.	
CITY-ST-ZIP	MONTICELLO MN	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GUYRE, JAMES A.	
STREET ADDRESS	15615 MCGINTY ROAD WEST	
CITY-ST-ZIP	WAYZATA MN	
TITLE	AS	<input type="checkbox"/> Delete
NAME	HALBACH, PATRICE H	
STREET ADDRESS	15407 MCGINTY ROAD WEST	
CITY-ST-ZIP	WAYZATA MN 55391	
TITLE	S	<input type="checkbox"/> Delete
NAME	SMITH JEANNE Y.	
STREET ADDRESS	15615 MCGINTY ROAD WEST	
CITY-ST-ZIP	WAYZATA MN	
TITLE	T	<input type="checkbox"/> Delete
NAME	VEAZEY, WILLIAM W.	
STREET ADDRESS	15815 MCGINTY ROAD WEST	
CITY-ST-ZIP	WAYZATA MN	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	CARLSON, ANNE E.	
STREET ADDRESS	15615 MCGINTY ROAD, WEST	
CITY-ST-ZIP	WAYZATA MN	

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	VICE PRESIDENT	<input checked="" 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	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lundeen, Lillian I.	
STREET ADDRESS	15407 McGinty Rd	
CITY-ST-ZIP	Wayzata, MN 55391	

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

Lillian I. Lundeen, Ass't. Sect. 04-01-00

Date

Daytime Phone #

612-742-6406

CR2E034 (9/99)