

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P12532

1. Entity Name

LUCKY FOOD CENTERS, INC. (DE)

FILED

May 12, 2000 8:00 am
Secretary of State

05-12-2000 90043 046 ***150.00

Principal Place of Business

299 SOUTH MAIN STREET
ATTN: TAX DEPARTMENT
SALT LAKE CITY UT 84111
US

Mailing Address

P.O. BOX 27447
ATTN: TAX DEPARTMENT
SALT LAKE CITY UT 84127-0447
US

2. Principal Place of Business

250 PARK CENTER BLVD

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 20

Suite, Apt. #, etc.

City & State

BOISE, ID

City & State

BOISE, ID

Zip

83706

Country

Zip

83726

Country

4. FEI Number

94-0760700

Applied For

Not Applicable

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LUND, VICTOR L 709 E. SOUTH TEMPLE SALT LAKE CITY UT 84102	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SPENCER, GREG 709 E. SOUTH TEMPLE SALT LAKE CITY UT 84102	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TERESA BECK 709 E. SOUTH TEMPLE SALT LAKE CITY UT 84102	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BELL, DAVID W 709 E. SOUTH TEMPLE SALT LAKE CITY UT 84102	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PAUL W. ELDRIDGE 299 SOUTH MAIN STREET SALT LAKE CITY UT 84111	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SLOAN, MARY V 709 E SOUTH TEMPLE SALT LAKE CITY UT 84102	<input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres Gary G. Michael 250 Park Center Blvd. Boise, ID 83706	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Bradley M. Vierig 299 South Main Stree Salt Lake City, UT 84111	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVC Kaye L. O'Riordan 250 Park Center Blvd. Boise, ID 83706	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treas John F. Boyd 250 Park Center Blvd. Boise, ID 83706	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dir Michael F. Reuling 250 Park Center Blvd. Boise, ID 83706	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dir Thomas R. Saldin 250 Park Center Blvd. Boise, ID 83706	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: Bradley M. Vierig
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-00
Date

(801) 961-3520
Daytime Phone #