

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2001 8:00 am
Secretary of State

03-16-2001 90038 015 ***150.00

DOCUMENT # P25613

1. Entity Name
GARDEN FRESH RESTAURANT CORP.

Principal Place of Business 17180 BERNARDO CTR DR. SAN DIEGO CA 92128 US	Mailing Address 1209 N. ORANGE ST. WILMINGTON DE 19801 US
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634486



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 33-0028786	Applied For
Zip	Country	Zip	Country

Applied For	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 State

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

11. OFFICERS AND DIRECTORS	
TITLE NAME	DPC MICHAEL P MACK <input type="checkbox"/> Delete
STREET ADDRESS	17180 BERNARDO CENTER DR.
CITY-ST-ZIP	SAN DIEGO CA
TITLE NAME	D JOHN M. ROBBINS, JR. <input type="checkbox"/> Delete
STREET ADDRESS	17180 BERNARDO CENTER DRIVE
CITY-ST-ZIP	SAN DIEGO CA
TITLE NAME	S DAVID W QUALLS <input type="checkbox"/> Delete
STREET ADDRESS	17180 BERNARDO CENTER DR.
CITY-ST-ZIP	SAN DIEGO CA
TITLE NAME	D EDGAR F BERNER <input type="checkbox"/> Delete
STREET ADDRESS	17180 BERNARDO CENTER DR.
CITY-ST-ZIP	SAN DIEGO CA
TITLE NAME	D MICHAEL M MINCHIN, JR <input type="checkbox"/> Delete
STREET ADDRESS	17180 BERNARDO CENTER DRIVE
CITY-ST-ZIP	SAN DIEGO CA
TITLE NAME	D ROBERT A. GUNST <input type="checkbox"/> Delete
STREET ADDRESS	17180 BERNARDO CENTER DR.
CITY-ST-ZIP	SAN DIEGO CA

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<i>see attached</i>
CITY-ST-ZIP	
TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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: *Gohar. Cook Johari Cook* 3-9-01 858 675-1600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)