## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED **DOCUMENT # P99000057934** Sep 14, 2000 8:00 am Secretary of State 1. Entity Name GENERAL BUFFETS, INC. 09-14-2000 90017 046 \*\*\*550.00 Mailing Address Principal Place of Business 11701 SAN JOSE BLVD., STE. 3 11701 SAN JOSE BLVD., STE. 3 JACKSONVILLE FL 32223 JACKSONVILLE FL 32223 UUUOOIJJ 3. Mailing Address 2. Principal Place of Business 018 St. 11018 St. Au DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. #128 128 Applied For City & State 4. FFI Number City & State Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DENNIS L. PRATT, P.A. Street Address (P.O. Box Number is Not Acceptable) 10450 SAN JOSE BLVD., STE. 3 JACKSONVILLE FL 32257 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Addition TITLE ☐ Delete TITLE CHEUNG, CHOU FAI NAME NAME STREET ADDRESS 11701 SAN JOSE BLVD., STE. 3 STREET ADDRESS CITY-ST-ZIP CtTY-ST-ZIP JACKSONVILLE FL 32223 **S** Addition Delete TITLE TITLE D CHEUNG. DAVID M NAME NAME Yang Yong Ava 11018 St. Augustine 11701 SAN JOSE BLVD., STE. 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32223 ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP 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.