

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 08, 2000 8:00 am**  
**Secretary of State**

03-08-2000 90082 013 \*\*\*150.00

**DOCUMENT # P25613**

1. Entity Name

**GARDEN FRESH RESTAURANT CORP.**

Principal Place of Business

Mailing Address

17180 BERNARDO CTR DR.  
 SAN DIEGO CA 92128  
 US

1209 N. ORANGE ST.  
 WILMINGTON DE 19801-1120  
 US

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

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 Michael P Mack

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
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: Michael P Mack

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-00

Date

858-675-1600

Daytime Phone #

CR2E034 (9/99)