

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000010484

**Entity Name:** BURGER KING MCLAMORE FOUNDATION, INC.

**Current Principal Place of Business:**

5505 BLUE LAGOON DRIVE  
MIAMI, FL 33126

**Current Mailing Address:**

5505 BLUE LAGOON DRIVE  
MIAMI, FL 33126 US

**FEI Number:** 06-1765327

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           DIRECTOR & PRESIDENT  
Name           CIL, JOSE  
Address        5505 BLUE LAGOON DRIVE  
City-State-Zip: MIAMI FL 33126

Title           DIRECTOR  
Name           COMSTOCK, JERRY  
Address        5505 BLUE LAGOON DRIVE  
City-State-Zip: MIAMI FL 33126

Title           DIRECTOR  
Name           LEWIS, STEVE  
Address        5505 BLUE LAGOON DRIVE  
City-State-Zip: MIAMI FL 33126

Title           DIRECTOR  
Name           LILLANEY, JILL  
Address        5505 BLUE LAGOON DRIVE  
City-State-Zip: MIAMI FL 33126

Title           DIRECTOR  
Name           MYERS, JIM  
Address        5505 BLUE LAGOON DRIVE  
City-State-Zip: MIAMI FL 33126

Title           DIRECTOR  
Name           PATTISON, STEVE  
Address        5505 BLUE LAGOON DRIVE  
City-State-Zip: MIAMI FL 33126

Title           DIRECTOR  
Name           ST. JUSTE, ROBES  
Address        5505 BLUE LAGOON DRIVE  
City-State-Zip: MIAMI FL 33126

Title           TREASURER  
Name           FRIESNER, JACKIE  
Address        5505 BLUE LAGOON DRIVE  
City-State-Zip: MIAMI FL 33126

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ROBIN SCHAFFER

**ASSISTANT SECRETARY   04/11/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title SECRETARY  
Name GILES-KLEIN, LISA  
Address 5505 BLUE LAGOON DRIVE  
City-State-Zip: MIAMI FL 33126

Title EXECUTIVE DIRECTOR (OFFICER)  
Name ISRAEL, AMANDA  
Address 5505 BLUE LAGOON DRIVE  
City-State-Zip: MIAMI FL 33126

Title ASSISTANT SECRETARY  
Name SCHAFFER, ROBIN  
Address 5505 BLUE LAGOON DRIVE  
City-State-Zip: MIAMI FL 33126

Title DIRECTOR  
Name MACEDO, ALEXANDRE  
Address 5505 BLUE LAGOON DRIVE  
City-State-Zip: MIAMI FL 33126