

2016 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

Continues on page 2

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** 02/23/2016_____
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 SCHAFER, 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