

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90023 029 ***150.00

DOCUMENT # 193606

1. Entity Name
BURGER KING CORPORATION

Principal Place of Business

17777 OLD CUTLER ROAD .
MIAMI FL 33157

Mailing Address

P.O. BOX 020783
MIAMI FL 33102-0783
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Landmark Square

Stamford, CT

06901



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-0787929

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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

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

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, 2002 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 **DCEP** ☐ Delete
NAME **DASBURG, JOHN H**
STREET ADDRESS **2 HARBOR POINT**
CITY-ST-ZIP **KEY BISCAYNE FL 33149**

TITLE **DEVP** ☐ Delete
NAME **CERRONE, STEPHEN**
STREET ADDRESS **13643 DEERING BAY DRIVE #156**
CITY-ST-ZIP **CORAL GABLES FL 33158**

TITLE **DEVP** ☐ Delete
NAME **CLOUSER, CHRISTOPHER E**
STREET ADDRESS **1643 BRICKELL AVENUE, UNIT 2701**
CITY-ST-ZIP **MIAMI FL 33129**

TITLE **DVGC** ☐ Delete
NAME **HIRST, RICHARD B**
STREET ADDRESS **13645 DEERING BAY DRIVE, PH 164**
CITY-ST-ZIP **CORAL GABLES FL 33158**

TITLE **DVCO** ☐ Delete
NAME **LODRUP, KIM A**
STREET ADDRESS **7760 S.W. 173RD STREET**
CITY-ST-ZIP **MIAMI FL 33157**

TITLE **DVCF** ☐ Delete
NAME **NUSSBAUM, BENNETT L**
STREET ADDRESS **2173 MARSH BROOK ROAD**
CITY-ST-ZIP **WESTLAKE VILLAGE CA 91361**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **AS** ☐ Change ☒ Addition
NAME **BRUCE D. MILLER**
STREET ADDRESS **232 Breakers Lane**
CITY-ST-ZIP **Stamford, CT 06615**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: *BRUCE D. MILLER*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/02 *(203) 359-7246*
 Date Daytime Phone #

CR2E034 (9/01)