

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90102 018 \*\*\*150.00

**DOCUMENT # 456358**  
**1. Entity Name**  
**MCDONALD'S RESTAURANTS OF FLORIDA, INC.**

**Principal Place of Business**      **Mailing Address**  
**BOX 66351**      **BOX 66351**  
**AMF O'HARE AIRPORT**      **AMF O'HARE AIRPORT**  
**CHICAGO IL 60666**      **CHICAGO IL 60666**

**2. Principal Place of Business**      **3. Mailing Address**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

**City & State**      **City & State**  
**Zip**      **Country**      **Zip**      **Country**



DO NOT WRITE IN THIS SPACE

**4. FEI Number**      **36-2802459**      **Applied For**  
 Not Applicable  
**5. Certificate of Status Desired**      ☐      **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**PRENTICE-HALL CORPORATION SYSTEM, INC.**  
**1201 HAYES ST**  
**STE 105**  
**TALLAHASSEE FL 32301**

**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.**      ☐      **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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	FELDMAN, ALAN D	ONE MCDONALD'S PLAZA	OAK BROOK IL 60523	<input type="checkbox"/>
V	CONLEY, MICHAEL L	ONE MCDONALD'S PLAZA	OAK BROOK IL 60523	<input type="checkbox"/>
V	KINDLER, JEFFREY B	ONE MCDONALD'S PLAZA	OAK BROOK IL 60523	<input type="checkbox"/>
V	PAULL, MATTHEW H.	ONE MCDONALD'S PLAZA	OAK BROOK IL 60523	<input type="checkbox"/>
VS	SANTONA, GLORIA	ONE MCDONALD'S PLAZA	OAK BROOK IL 60523	<input type="checkbox"/>
VT	RICHARD, MICHAEL D	ONE MCDONALD'S PLAZA	OAK BROOK IL 60523	<input type="checkbox"/>

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
See Attached List					

**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:** *[Signature]*      **Asst. Secretary**      **4/9/02**      **630-623-3295**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CP2E034 (9/01)