

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90257 001 ****61.25

0041551

DOCUMENT # 734978

1. Entity Name

**CENTRAL FLORIDA MCDONALD'S OWNERS/OPERATORSASSOC
 IATION, INC.**

Principal Place of Business

Mailing Address

204 W SR 436
 W GRANADA BLVD SUITE 300
 MONTE SPRINGS FL 32714

9800 4TH ST. NORTH
 SUITE 300
 ST. PETERSBURG FL 33702
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1699928

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WATSON, JEFF
6220 S ORANGE BLOSSOM TRAIL STE 400A
ORLANDO, FL 32809

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
 NAME **STRAUB, B**
 STREET ADDRESS **819 CHENEY HWY**
 CITY-ST-ZIP **TITUSVILLE FL 32780**

TITLE **PD** ☒ Change ☒ Addition
 NAME **LOPEZ, L**
 STREET ADDRESS **12515 FINGERS CT**
 CITY-ST-ZIP **ORLANDO FL 32837**

TITLE **VPD** ☐ Delete
 NAME **WRIGHT, TIM**
 STREET ADDRESS **31 STONEGATE N**
 CITY-ST-ZIP **LONGWOOD FL**

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

TITLE **SD** ☐ Delete
 NAME **MORTON, ROGER**
 STREET ADDRESS **5255 MILLSTREAM DR.**
 CITY-ST-ZIP **ST. CLOUD FL**

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

TITLE **T** ☐ Delete
 NAME **WATSON, JEFF**
 STREET ADDRESS **6220 S ORANGE BLOSSOM TRAIL STE 400A**
 CITY-ST-ZIP **ORLANDO FL 32809**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] 4/1/02

**PLEASE SIGN
 & DATE**

CR2E037 (9/01)