

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000000572

1. Entity Name
RAC/KKR/GP FLORIDA, L.C.

APPROVED
AND
FILED

00 APR 26 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
10800 BISCAYNE BOULEVARD - PENTHOUSE
MIAMI FL 33161

Mailing Address
2701 ALTON PKWY
CORP TAX DEPT.
IRVINE CA 92606-5149



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0752680

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

MM

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
MEM
KOO KOO ROO, INC.
STREET ADDRESS
2701 ALTON PKWY
CITY-ST-ZIP
IRVINE CA 92606 ☐ Delete

TITLE
NAME
300003249433-3
STREET ADDRESS
-05/11/00--01124--016
CITY-ST-ZIP
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE
NAME
MEM
RESTAURANT ACQUISITION CORP.
STREET ADDRESS
10800 BISCAYNE BOULEVARD - PENTHOUSE
CITY-ST-ZIP
MIAMI FL 33161 ☐ Delete

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

TITLE
NAME
MEM
HARRIS, MEL
STREET ADDRESS
10800 BISCAYNE BOULEVARD - PENTHOUSE
CITY-ST-ZIP
MIAMI FL 33161 ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

ROBERT T. TREBING SR. 4/24/00 949-757-7200

CR2E083 (9/99)