

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003194

1. Entity Name

FAST FOOD DEVELOPMENT, L.L.C.

Principal Place of Business

23123 SOUTH STATE ROAD 7, SUITE 301  
BOCA RATON FL 33428

Mailing Address

23123 SOUTH STATE ROAD 7, SUITE 301  
BOCA RATON FL 33428

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

65-0925166

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHALLER, VERN

23123 SOUTH STATE ROAD 7, SUITE 301  
BOCA RATON FL 33428

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 MGR  
GORDON, JAMES N ☐ Delete  
STREET ADDRESS 23123 SOUTH STATE ROAD 7, SUITE 301  
CITY-ST-ZIP BOCA RATON FL 33428

TITLE NAME ☐ Change ☐ Addition  
NAME 400004133634-2  
STREET ADDRESS -05/03/01--01068--019  
CITY-ST-ZIP \*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME MGR  
SCHALLER, VERNON G ☐ Delete  
STREET ADDRESS 23123 SOUTH STATE ROAD 7, SUITE 301  
CITY-ST-ZIP BOCA RATON FL 33428

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

TITLE NAME MGR  
KROENKE, E. STANLEY ☐ Delete  
STREET ADDRESS 1001 CHERRY STREET, SUITE 308  
CITY-ST-ZIP COLUMBIA MD 65201

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

TITLE NAME MGR  
CABRERA, ALVARO M JR. ☐ Delete  
STREET ADDRESS 495 BILTMORE WAY, SUITE 308  
CITY-ST-ZIP CORAL GABLES FL 33134

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

TITLE NAME ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

Vern Schaller 4/19/01 (561) 451-0220 x15

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)

0014305 AF

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE