

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N45470**

1. Entity Name

BURGER KING FOUNDATION, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90056 003 ****61.25

Principal Place of Business

Mailing Address

17777 OLD CUTLER RD
MIAMI FL 33157

17777 OLD CUTLER RD
MIAMI FL 33157-6325

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0291696

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CT CORPORATION SYSTEM
1200 S. 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 \$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 | TD | <input type="checkbox"/> Delete |
| NAME | HEGGIE, COLIN | |
| STREET ADDRESS | 7325 S.W. 162ND STREET | |
| CITY-ST-ZIP | MIAMI FL 33157 | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete |
| NAME | GIRESI, MARK | |
| STREET ADDRESS | 5770 S.W. 114TH TERRACE | |
| CITY-ST-ZIP | MIAMI FL 33156 | |
| TITLE | CD | <input checked="" type="checkbox"/> Delete |
| NAME | JACKSON, YVONNE | |
| STREET ADDRESS | 7291 S.W. 146 STREET CIRCLE | |
| CITY-ST-ZIP | MIAMI FL 33176 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | S. W. Barry Blum | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | 7420 S.W. 106 STREET | |
| STREET ADDRESS | MIAMI, FL 33156-3800 | |
| CITY-ST-ZIP | | |
| TITLE | PO ROBERT Doughty | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | 7335 SW 152ND TERRACE | |
| STREET ADDRESS | MIAMI, FL 33157 | |
| CITY-ST-ZIP | | |
| TITLE | VPD MELANIE WISNIEWSKI | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | 15975 S.W. 78th Place | |
| STREET ADDRESS | MIAMI, FL 33157 | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 lines empowered.

SIGNATURE: **SWANSON REGWEL BARRY Blum** **2/22/2000** **305/378-3264**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)