

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 06, 1999 8:00 am  
Secretary of State

04-06-1999 90064 034 \*\*\*\*61.25

DOCUMENT # N97000005999

1. Corporation Name

BURGER KING/MCLAMORE YOUTH OPPORTUNITIES FOUNDATION, INC.

Principal Place of Business

17777 OLD CUTLER ROAD  
MIAMI FL 33157

Mailing Address

17777 OLD CUTLER ROAD  
MIAMI FL 33157



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified  
10/23/1997

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
65-0779225

Applied For  
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GIRESI, MARK A ESQ  
17777 OLD CUTLER ROAD  
MIAMI FL 33157

81 Name

Frederick W. Kaufman

82 Street Address (P.O. Box Number is Not Acceptable)

17777 Old Cutler Road 4s

83

84 City

Miami

FL

85 Zip Code  
33157

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*Frederick W. Kaufman*  
Signature, typed or printed name of registered agent and title if applicable.

Frederick W. Kaufman  
(NOTE: Registered Agent signature required when appointing)

3/31/99  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD ☐ DELETE  
NAME DEROSA, MIKE  
STREET ADDRESS 2127 NECESSITY STREET  
CITY-ST-ZIP EAU CLAIRE WI 54703-4928

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE TD ☐ DELETE  
NAME KAUFMAN, FRED  
STREET ADDRESS 4374 W. 52 STREET  
CITY-ST-ZIP INDIANAPOLIS IN 46254

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME LEWIS, STEVEN M  
STREET ADDRESS 1780 SWEDE ROAD  
CITY-ST-ZIP BLUE BELL PA 19422

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Frederick W. Kaufman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/99  
Date

305-378-3556  
Daytime Phone #

CR2E037 (11/98)