

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90068 002 ****70.00

DOCUMENT # N97000005999

1. Entity Name

BURGER KING/MCLAMORE FOUNDATION, INC.

Principal Place of Business

Mailing Address

17 OLD CUTLER ROAD
 MIAMI FL 33157

17777 OLD CUTLER ROAD
 MIAMI FL 33157

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

65-0779225

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

KAUFMAN, FREDERICK W
17777 OLD CUTLER ROAD
MIAMI FL 33157

Name **Steve Baltrip**

Street Address (P.O. Box Number is Not Acceptable)
17777 Old Cutler Road, 4 South

City **Miami**

FL

Zip Code **33157**

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

Steve Baltrip

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 **CD** ☒ Delete
 NAME **DEROSA, MIKE**
 STREET ADDRESS **2127 NECESSITY STREET**
 CITY-ST-ZIP **EAU CLAIRE WI 54703-4928**

TITLE **CD** ☐ Change ☒ Addition
 NAME **Chris Clouser**
 STREET ADDRESS **17777 Old Cutler Road, 3 North**
 CITY-ST-ZIP **Miami, FL 33157**

TITLE **TD** ☒ Delete
 NAME **KAUFMAN, FRED**
 STREET ADDRESS **4374 W. 52 STREET**
 CITY-ST-ZIP **INDIANAPOLIS IN 46254**

TITLE **TD** ☐ Change ☒ Addition
 NAME **Steve Baltrip**
 STREET ADDRESS **2380 New Cot Circle**
 CITY-ST-ZIP **Spartanburg, SC 29303**

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

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

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:

Steve Baltrip

CR2E037 (9/01)