


AMENDED UNIFORM BUSINESS REPORT

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-07-2003 90137 004 ****61.25

2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005999			
1. Entity Name BURGER KING/MCLAMORE FOUNDATION, INC.			
Principal Place of Business 9300 SOUTH DADELAND BOULEVARD MIAMI, FL 33156 US		Mailing Address 9300 SOUTH DADELAND BOULEVARD MIAMI, FL 33156 US	
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 <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BALLTRIP, STEVE 9300 SOUTH DADELAND BOULEVARD MIAMI, FL 33156		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE		DATE	
Signature, typed or printed name of registered agent and title if applicable.		NOTE: Registered Agent signature required when amending.	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D LEWIS, STEVEN M 1780 SWEDE ROAD BLUE BELL, PA 19422 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Co-Chairman - D Lewis, Steven M. 1780 Swede Road Blue Bell, PA 19422 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	CD CLOUSER, CHRIS 9300 SOUTH DADELAND BOULEVARD MIAMI, FL 33156 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D/Co-Chairman - D Cerrone, Stephen J. 5505 Blue Lagoon Drive, 7th Floor Miami, FL 33126 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TD BALLTRIP, STEVE 2380 NEW CUT CIR SPARTANBURG, SC 29303 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Secretary - D McLamore, S. Whitman 5133 San Jose St. Tampa, FL 33629 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information included 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 file forwarded.			
SIGNATURE: <u>Steven M Lewis</u>		3/19/03 (305) 378 7355	
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DESIGNER		DATE	

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CHECK HERE IF MAKING CHANGES

CFR6037 (10/02)