

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

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90090 030 ****61.25

DOCUMENT # N98000007392

1. Entity Name

SOUTH FLORIDA MCDONALD'S MARKETING ASSOCIATION, INC.



Principal Place of Business

**2929 N UNIVERSITY DRIVE
STE 107
CORAL SPRINGS FL 33065**

Mailing Address

**2929 N UNIVERSITY DRIVE
STE 107
CORAL SPRINGS FL 33065**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0549581**

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

**HART, BRIAN A
SUITE 1600
2601 SOUTH BAYSHORE DRIVE
MIAMI FL 33133-0000**

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|-------------------------------|---|--|
| TITLE NAME | PD WATSON, MARK | <input type="checkbox"/> Delete |
| STREET ADDRESS CITY-ST-ZIP | 880 JUPITER PARK DRIVE JUPITER FL 33468 | |
| TITLE NAME | VD BOOTH, JIM | <input type="checkbox"/> Delete |
| STREET ADDRESS CITY-ST-ZIP | 900 E INDIAN TOWN ROAD #315 JUPITER FL 33477 | |
| TITLE NAME | ST SILBERNIK, MARTIN | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS CITY-ST-ZIP | 6856 EXTRADA PL BOCA RATON FL 33433 | |
| TITLE NAME | TD WELLS, BRENDA | <input type="checkbox"/> Delete |
| STREET ADDRESS CITY-ST-ZIP | 2929 UNIVERSITY DR #107 CORAL SPRINGS FL 33065 | |
| TITLE NAME | | <input type="checkbox"/> Delete |
| STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Delete |
| STREET ADDRESS CITY-ST-ZIP | | |

| | | |
|-------------------------------|-------------------------------------|--|
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME | ST Chris Biggs | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS CITY-ST-ZIP | 2825 SW 117th AVE Davie FL 33330 | |
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-1003

CR2E037 (10/02)