

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 10, 2002 8:00 am
Secretary of State

09-10-2002 90236 050 ***550.00

DOCUMENT # P27094

1. Entity Name

DARRYL'S OF KISSIMMEE, INC.

Principal Place of Business

**2 CLEAVER II BLVD
 KANSAS CITY MO 64112**

Mailing Address

**47TH AND MAIN
 KANSAS CITY MO 64112-7800**

00101201



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

43-1530204

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. 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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$550.00
 After September 13, 2002 Fee will be \$750.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
 NAME **MIGICOVSKY, PHILIP**
 STREET ADDRESS **TWO BRUSH CREEK BLVD, PO BOX 16000**
 CITY-ST-ZIP **KANSAS CITY FL 64112**

TITLE **Dir. Pres. CEO** ☒ Change ☒ Addition
 NAME **Robert Hartnett**
 STREET ADDRESS **2 Emanuel Cleaver II Blvd.**
 CITY-ST-ZIP **Kansas City, MO 64112**

TITLE **PCEO** ☒ Delete
 NAME **HOPGOOD, SUZANNE**
 STREET ADDRESS **2 CLEAVER II BLVD**
 CITY-ST-ZIP **KANSAS CITY MO 64112**

TITLE **VP Secretary, General Counsel** ☒ Change ☒ Addition
 NAME **Paul Strasen**
 STREET ADDRESS **2 Emanuel Cleaver II Blvd**
 CITY-ST-ZIP **Kansas City, MO 64112**

TITLE **SVCF** ☒ Delete
 NAME **BOTKIN, ROBERT D**
 STREET ADDRESS **2 CLEAVER II BLVD**
 CITY-ST-ZIP **KANSAS CITY MO 64112**

TITLE **VP CFO** ☒ Change ☒ Addition
 NAME **Robert Ellis**
 STREET ADDRESS **2 Emanuel Cleaver II Blvd.**
 CITY-ST-ZIP **Kansas City, MO 64112**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP Chief Marketing Officer** ☒ Change ☒ Addition
 NAME **Gail Lozoff**
 STREET ADDRESS **2 Emanuel Cleaver II Blvd.**
 CITY-ST-ZIP **Kansas City, MO 64112**

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/3/02

816.756.2200

CR2E034 (4/02)

Attachment



P24094

September 5, 2002

Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, Florida 32302-1500

Re: *Darryl's of Kissimmee, Inc.*
 2002 Uniform Business Report

Sir or Madam:

Enclosed is 2002 Uniform Business Report submitted on behalf of the above-reference corporation along with a check in the amount of \$550.00 for the applicable filing fee.

If you have any questions or need additional information, please do not hesitate to contact me at your earliest convenience.

Regards,

A handwritten signature in cursive script, appearing to read "Brenda".

Brenda S. Lazenby
Coordinator/Franchise & Legal Affairs