

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000051670

1. Entity Name

BOCA BURGER, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90794 040 ***150.00

Principal Place of Business

1660 NE 12TH TERR
FORT LAUDERDALE FL 33305

Mailing Address

20 NORTH WACKER DR
STE 1360
CHICAGO IL 60606-2902
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

65-0504235

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

SCOTT, CHRISTOPHER
1660 NE 12TH TERR
FORT LAUDERDALE FL 33305

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.

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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	P	<input checked="" type="checkbox"/> Delete
NAME	STAHL, GREGORY	
STREET ADDRESS	20 NORTH WACKER DRIVE, STE 1360	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SCOTT, CHRISTOPHER A	
STREET ADDRESS	1660 NE 12TH TERR	
CITY-ST-ZIP	FORT LAUDERDALE FL 33305	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MORRIS, KEITH P	
STREET ADDRESS	20 NORTH WACKER DRIVE, STE 1360	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	WESNER, BLAINE	
STREET ADDRESS	20 NORTH WACKER DRIVE, STE 1360	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	CURTIN, DAN	
STREET ADDRESS	20 NORTH WACKER DRIVE, STE 1360	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	TORRES, KATIE	
STREET ADDRESS	20 NORTH WACKER DRIVE, STE 1360	
CITY-ST-ZIP	CHICAGO IL 60606	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, KEVIN R.	
STREET ADDRESS	ONE KRAFT COURT	
CITY-ST-ZIP	GLENVIEW, IL 60025	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EICHAR, WILLIAM J.	
STREET ADDRESS	THREE LAKES DRIVE	
CITY-ST-ZIP	NORTHFIELD, IL 60093	
TITLE	VPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPEAR, KATHLEEN KELLY	
STREET ADDRESS	THREE LAKES DRIVE	
CITY-ST-ZIP	NORTHFIELD, IL 60093	
TITLE	VPTC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOWRER, JOHN F.	
STREET ADDRESS	THREE LAKES DRIVE	
CITY-ST-ZIP	NORTHFIELD, IL 60093	
TITLE	VPAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERST, ROBERT L.	
STREET ADDRESS	THREE LAKES DRIVE	
CITY-ST-ZIP	NORTHFIELD, IL 60093	
TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALVIN, DEBORAH L.	
STREET ADDRESS	THREE LAKES DRIVE	
CITY-ST-ZIP	NORTHFIELD, IL 60093	

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: *Robert L. Herst*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00
Date

847-646-2053
Daytime Phone #

CR2E034 (9/99)