

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90005 026 ***150.00

DOCUMENT # P95000086879**1. Entity Name****HARD ROCK CAFE INTERNATIONAL (K.W.), INC.****Principal Place of Business****6100 OLD PARK LANE
ORLANDO FL 32835****Mailing Address****ATTN: JAY WOLSCZAK
6100 OLD PARK LANE
ORLANDO FL 32835
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 58-2229125

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****C T CORPORATION SYSTEM
1200 SOUTH 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.**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, 2001 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	VP	<input type="checkbox"/> Delete
NAME	LITTLE, SCOTT	
STREET ADDRESS	6100 OLD PARK LANE	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	WATSON, JOHN H	
STREET ADDRESS	5 CONCOURSE PKWY, 2400	
CITY-ST-ZIP	ATLANTA GA	
TITLE	AS	<input type="checkbox"/> Delete
NAME	MCNEESE, JACK L	
STREET ADDRESS	5 CONCOURSE PLWY, 2400	
CITY-ST-ZIP	ATLANTA GA	
TITLE	SECY.	<input type="checkbox"/> Delete
NAME	HORACE G. DAWSON III	
STREET ADDRESS	6100 OLD PARK LANE	
CITY-ST-ZIP	ORLANDO, FL 32835	ADD
TITLE	PRESIDENT + DIRECTOR	<input type="checkbox"/> Delete
NAME	PETER BEAUDRAULT	
STREET ADDRESS	6100 OLD PARK LANE	
CITY-ST-ZIP	ORLANDO, FL 32835	ADD
TITLE	ASST. TREAS.	<input type="checkbox"/> Delete
NAME	CHRIS KNIPPING	
STREET ADDRESS	6100 OLD PARK LANE	
CITY-ST-ZIP	ORLANDO, FL 32835	ADD

TITLE	ASST SECY.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAY WOLSCZAK	
STREET ADDRESS	6100 OLD PARK LANE	
CITY-ST-ZIP	ORLANDO, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

1/23/01

Date

407.445.7625

Daytime Phone #

CR2E034 (10/00)