

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2003 8:00 am**  
**Secretary of State**

03-05-2003 90077 001 \*\*\*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**

☐ CHECK HERE IF MAKING CHANGES



## 6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

## 7. Name and Address of New Registered Agent

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 \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **SD** ☐ Delete  
NAME **WOLSCZAK, JAY**  
STREET ADDRESS **6100 OLD PARK LANE**  
CITY-ST-ZIP **ORLANDO FL 32835**

TITLE **D, V P T** ☐ Change ☒ Addition  
NAME **MICHAEL SALTER**  
STREET ADDRESS **6100 OLD PARK LANE**  
CITY-ST-ZIP **ORLANDO, FL 32835**

TITLE **TD** ☒ Delete  
NAME **LINDSEY, TODD**  
STREET ADDRESS **6100 OLD PARK LANE**  
CITY-ST-ZIP **ORLANDO FL 32835**

TITLE **D** ☐ Change ☒ Addition  
NAME **KIM GREIGHTON**  
STREET ADDRESS **6100 OLD PARK LANE**  
CITY-ST-ZIP **ORLANDO, FL 32835**

TITLE **AS** ☐ Delete  
NAME **MCNEESE, JACK L**  
STREET ADDRESS **5 CONOURSE PLWY, 2400**  
CITY-ST-ZIP **ATLANTA GA**

TITLE **-** ☐ Change ☐ Addition  
NAME **-**  
STREET ADDRESS **-**  
CITY-ST-ZIP **-**

TITLE **PD** ☒ Delete  
NAME **BEAUDRAULT, PETER**  
STREET ADDRESS **6100 OLD PARK LANE**  
CITY-ST-ZIP **ORLANDO FL 32835**

TITLE **-** ☐ Change ☐ Addition  
NAME **-**  
STREET ADDRESS **-**  
CITY-ST-ZIP **-**

TITLE **AT** ☐ Delete  
NAME **KNIPFING, CHRIS**  
STREET ADDRESS **6100 OLD PARK LANE**  
CITY-ST-ZIP **ORLANDO FL 32835**

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 **-**

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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/03

407 445 7625

Date

Daytime Phone #

CP2E034 (10/02)