

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S03357

1. Entity Name

WLD RESTAURANTEURS, INC.

FILED

May 03, 2000 8:00 am
Secretary of State

05-03-2000 90148 003 ***150.00

Principal Place of Business

LAS OLAS CTR
450 E LAS OLAS BLVD 900
FT LAUDERDALE FL 33301
US

Mailing Address

LAS OLAS CTR
450 E LAS OLAS BLVD 900
FT. LAUDERDALE FL 33301-2223
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 65-0220677

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

~~MASER, JOEL D.~~
LAS OLAS CTR
450 E LAS OLAS BLVD 900
FT. LAUDERDALE FL 33301

Name

DAVID W. HORVITZ

Street Address (P.O. Box Number is Not Acceptable)

450 E LAS OLAS BLVD, SUITE 900

City

FORT LAUDERDALE

FL

Zip Code

33301

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 DPST
NAME HORVITZ, WILLIAM D. ☒ Delete
STREET ADDRESS LAS OLAS CTR 450 E LAS OLAS BLVD 900
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE V
NAME HORVITZ, DAVID W ☐ Delete
STREET ADDRESS LAS OLAS CTR 450 E LAS OLAS BLVD 900
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE D/P ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D/V/S ☐ Change ☒ Addition
NAME NORMA HORVITZ
STREET ADDRESS 450 E Las Olas Blvd., Suite 900
CITY-ST-ZIP Fort Lauderdale, FL 33301

TITLE D ☐ Change ☒ Addition
NAME ROBERT P BILINGSLEY
STREET ADDRESS 450 E Las Olas Blvd., Suite 900
CITY-ST-ZIP Fort Lauderdale, FL 33301

TITLE T ☐ Change ☒ Addition
NAME ROBERT J PUCK
STREET ADDRESS 450 E Las Olas Blvd., Suite 900
CITY-ST-ZIP Fort Lauderdale, FL 33301

TITLE V ☐ Change ☒ Addition
NAME F MELVIN BURTON
STREET ADDRESS 450 E Las Olas Blvd., Suite 900
CITY-ST-ZIP Fort Lauderdale, FL 33301

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

