

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 827213

1. Entity Name

HARDEE'S FOOD SYSTEMS, INC.

FILED

00 SEP 20 AM 11:27

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1233 NORTH CHURCH STREET
P. O. BOX 1619
ROCKY MOUNT NC 27802-1619

Mailing Address

1233 NORTH CHURCH STREET
P. O. BOX 1619
ROCKY MOUNT NC 27802-1619

2. Principal Place of Business

401 W. Karl Karcher Way
Suite, Apt. #, etc.

3. Mailing Address

401 W. Karl Karcher Way
Suite, Apt. #, etc.

City & State

Anaheim, CA

City & State

Anaheim, CA

4. FEI Number

56-0732584

Applied For

Not Applicable

Zip

92801

Country

United States

Zip

92801

Country

United States

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.

SIGNATURE

RA change, filed on 7/16/00

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, 2000 Min. 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	PD	<input checked="" type="checkbox"/> Delete
NAME	MURPHY, RORY J	
STREET ADDRESS	1233 HARDEES BLVD	
CITY-ST-ZIP	ROCKY MOUNT NC 27804-2815	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MURPHY, E M	
STREET ADDRESS	1238 HARDEES BLVD	
CITY-ST-ZIP	ROCKY MOUNT NC	
TITLE	CEOD	<input checked="" type="checkbox"/> Delete
NAME	THOMPSON, C T	
STREET ADDRESS	1200 HARPER BLVD	
CITY-ST-ZIP	ANAHEIM CA 92803	
TITLE	SVP	<input checked="" type="checkbox"/> Delete
NAME	LEWISTON, TOM	
STREET ADDRESS	1233 HARDEES BLVD	
CITY-ST-ZIP	ROCKY MOUNT NC 27804-2815	
TITLE	SVPC	<input checked="" type="checkbox"/> Delete
NAME	SPEED, JAMES H. JR.	
STREET ADDRESS	12613 SHALLOWFORD DR.	
CITY-ST-ZIP	RALEIGH NC	
TITLE	SVPT	<input checked="" type="checkbox"/> Delete
NAME	SPEED, JAMES H JR	
STREET ADDRESS	1233 HARDEES BLVD	
CITY-ST-ZIP	ROCKY MOUNT NC 27804-2815	

TITLE	SVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wilson, Robert A.	
STREET ADDRESS	401 W. Carl Karcher Way	
CITY-ST-ZIP	Anaheim, CA 92801	
TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Polson, Kathryn S.	
STREET ADDRESS	401 W. Carl Karcher Way	
CITY-ST-ZIP	Anaheim, CA 92801	
TITLE	CEQP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Puzder, Andrew F.	
STREET ADDRESS	401 W. Carl Karcher Way	
CITY-ST-ZIP	Anaheim, CA 92801	
TITLE	DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Foley, William P.	
STREET ADDRESS	401 W. Carl Karcher Way	
CITY-ST-ZIP	Anaheim, CA 92801	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

300003398983--8
-09/20/00--01038--001
***2750.00 ***550.00

KE

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:

KATHRYN POLSON

9.11.00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)