

2001

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 858064

1. Entity Name

RMS Family Restaurants, Inc.

Principal Place of Business

Mailing Address

FILED

01 APR 13 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

RMS Family Restaurants, Inc.

Suite, Apt. #, etc.

4848 Mercer Univ. Drive

City & State
Macon, GA 31210

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip
31210Country
USA

Zip

Country

4. FEI Number

58-0972649

Applied For

Not Applicable

5. Certificate of Status Desired ☒\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Lydia Nicosia

600 N. Westshore Blvd. Suite 200

Tampa, FL 33609-1117

7. Name and Address of New Registered Agent

Name

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

City

300004064129-3

-04/24/01-01076-033
****158.75 ****158.75

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME President Director
STREET ADDRESS Allen M. Peake
CITY-ST-ZIP 4848 Mercer Univ. Drive
Macon, GA 31210TITLE ☐ Change ☐ Addition
NAME Director
STREET ADDRESS Michael S. Chumbley
CITY-ST-ZIP 4848 Mercer Univ. Drive
Macon, GA 31210TITLE ☐ Change ☐ Addition
NAME Director
STREET ADDRESS John Owens
CITY-ST-ZIP 4848 Mercer Univ. Drive
Macon, GA 31210TITLE ☐ Change ☐ Addition
NAME Director
STREET ADDRESS Doug Friedrich
CITY-ST-ZIP 4848 Mercer Univ. Drive
Macon, GA 31210TITLE ☐ Change ☐ Addition
NAME Director
STREET ADDRESS Christine Worwa
CITY-ST-ZIP 4848 Mercer Univ. Drive
Macon, GA 31210TITLE ☐ Change ☐ Addition
NAME CFO Officer
STREET ADDRESS Scott G. Murphy
CITY-ST-ZIP 4848 Mercer Univ. Drive
Macon, GA 31210

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:

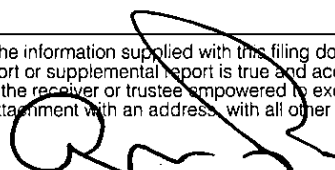
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

LS


 Allen M. Peake, President 4-12-01 904/74-5633
 8123