

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State
 02-19-2002 90087 048 ***158.75

RECEIVED AT

DOCUMENT # 858064

1. Entity Name
RMS FAMILY RESTAURANTS, INC.

Principal Place of Business
**4848 MERCER UNIVERSITY DRIVE
 MACON GA 31210**

Mailing Address
**4848 MERCER UNIVERSITY DRIVE
 MACON GA 31210**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
125 Plantation Centre Dr. South
 Suite, Apt. #, etc.
Bldg. 100

3. Mailing Address
P.O. Box 26638
 Suite, Apt. #, etc.

City & State
Macon, GA

City & State
Macon, GA

4. FEI Number
58-0972649

Applied For
 Not Applicable

Zip
31210

Country
USA

Zip
31221

Country
USA

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

**NICOSIA, LYDIA
 600 N. WESTSHORE BLVD., SUITE 200
 TAMPA FL 33609**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PD PEAKE, ALLEN M 4848 MERCER UNIVERSITY DR. MACON GA 31210 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHUMBLEY, MICHAEL S 4848 MERCER UNIVERSITY DR. MACON GA 31210 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OWENS, JOHN 4848 MERCER UNIVERSITY DR. MACON GA 31210 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRIEDRICH, DOUG 4848 MERCER UNIVERSITY DR. MACON GA 31210 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WORWA, CHRISTINE 4848 MERCER UNIVERSITY DR. MACON GA 31210 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO MURPHY, SCOTT G 4848 MERCER UNIVERSITY DR. MACON GA 31210 <input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Peach, Allen M. 125 Plantation Ctr. Drive S. Bldg. 100 Macon, GA 31210 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Owens, John 125 Plantation Ctr. Dr. S. Bldg. 100 Macon, GA 31210 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Friedrich, Doug 125 Plantation Ctr. Dr. S. Bldg. 100 Macon, GA 31210 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Worwa, Christine 125 Plantation Ctr. Dr. S. Bldg. 100 Macon, GA 31210 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

2-402 4M244-5633
 Date Daytime Phone #

CR2E034 (9/01)