2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B98000000299

1. Entity Name

RT WEST PALM BEACH FRANCHISE, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 19 AM 11:43

Principal Place of Business	Mailing Address
1013 CENTRE ROAD WILMINGTON DE 19805	4721 MORRISON DRIVE MOBILE AL 36609-3350

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	150 W. Church Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Maryville, TN
Zip / Country	Zip: 37801 / Country: USA

4. FEI Number 63-1200359 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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.

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

9. Capital Contributions as Shown on record. $1,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P98000040150	STREET ADDRESS	18856 Red Apple Lane
NAME	EMPIRE CONCEPTS, INC.		
STREET ADDRESS	301 CAMERON COURT	CITY - ST - ZIP	Jupiter, FL 33458
CITY - ST - ZIP	DAPHNE AL 36526		
DOCUMENT #		STREET ADDRESS	
NAME			
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CR2E003 (9/99)

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: SIGNATURE REQUIRED 4/13/00 (865)379-5700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #