

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State
 03-29-2001 90391 050 ***150.00

UBR/01/03

DOCUMENT # F92000000510

1. Entity Name
AFC ENTERPRISES, INC.

Principal Place of Business SIX CONCOURSE PARKWAY SUITE 1700 ATLANTA GA 32328 US	Mailing Address PO BOX 84001 SAN ANTONIO TX 78201 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 58-2016606	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE FL 32301**

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. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE	CCED	<input type="checkbox"/> Delete
NAME	BELATTI, FRANK J	
STREET ADDRESS	330 CANNADY CT	
CITY-ST-ZIP	ATLANTA GA 30338	
TITLE	PCOO	<input type="checkbox"/> Delete
NAME	HOLBROOK, DICK	
STREET ADDRESS	4272 HIGHBORNE DR	
CITY-ST-ZIP	MARIETTA GA 30066	
TITLE	EVPS	<input type="checkbox"/> Delete
NAME	FRANKEL, SAMUEL N	
STREET ADDRESS	3622 TUXEDO RD	
CITY-ST-ZIP	ATLANTA GA 30305	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	GERALD WILKINS	
STREET ADDRESS	7709 CEDAR RIDGE CT	
CITY-ST-ZIP	PROSPECT KY 40059	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	LEE CHANNELL	
STREET ADDRESS	180 LOCKLAND CIR	
CITY-ST-ZIP	ROSWELL GA 78231	
TITLE	D	<input type="checkbox"/> Delete
NAME	PAUL H FARRAR	
STREET ADDRESS	711 QUEENS GRANT VILLAS	
CITY-ST-ZIP	HILTON HEAD ISLAND SC 29918	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: **Vice President 3-20-01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E034 (10/00)