

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000002816

1. Entity Name

TRIARC ACQUISITION CORP.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90073 048 ***150.00

Principal Place of Business

Mailing Address

280 PARK AVE 24TH FL
NEW YORK NY 10017
US

280 PARK AVE 24TH FL
NEW YORK NY 10017-1216
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0424645

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. 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 State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	PELTZ, NELSON	
STREET ADDRESS	280 PARK AVE 41ST FL	
CITY-ST-ZIP	NEW YORK NY	
TITLE	PCOO	<input checked="" type="checkbox"/> Delete
NAME	MAY, PETER W	
STREET ADDRESS	280 PARK AVE 41ST FL	
CITY-ST-ZIP	NEW YORK NY	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ESSNER, GREG	
STREET ADDRESS	280 PARK AVE 41ST FL	
CITY-ST-ZIP	NEW YORK NY	
TITLE	V	<input type="checkbox"/> Delete
NAME	MC CARRON, FRANCIS T	
STREET ADDRESS	280 PARK AVE 41ST FL	
CITY-ST-ZIP	NEW YORK NY	
TITLE	V	<input type="checkbox"/> Delete
NAME	CROWE, ROBERT J	
STREET ADDRESS	280 PARK AVE 41ST FL	
CITY-ST-ZIP	NEW YORK NY	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D P CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barnes, John L. Jr.	
STREET ADDRESS	280 Park Ave.	
CITY-ST-ZIP	New York, NY 10017	
TITLE	D V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kogan, Eric D.	
STREET ADDRESS	280 Park Ave.	
CITY-ST-ZIP	New York, NY 10017	
TITLE	D V S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Schorr, Brian L.	
STREET ADDRESS	280 Park Ave.	
CITY-ST-ZIP	New York, NY 10017	
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	V S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rosen, Stuart I.	
STREET ADDRESS	280 Park Ave.	
CITY-ST-ZIP	New York, NY 10017	

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:

Robert J. Crowe
Robert J. Crowe, Asst. VP-Taxes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/00

Date

212-451-3115

Daytime Phone #

CR2E034 (9/99)