

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000003386

1. Entity Name

RSI RESTAURANTS, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90083 031 ***150.00

Principal Place of Business

5151 GLENWOOD AVE.
RALEIGH NC 27612
US

Mailing Address

5151 GLENWOOD AVE.
RALEIGH NC 27612-3267
US

2. Principal Place of Business

3. Mailing Address

Attn: Tax Dept.

Suite, Apt. #, etc.
P.O. Box 29502

City & State
Raleigh, NC

Zip
27626

Country
USA



DO NOT WRITE IN THIS SPACE

City & State

Zip

Country

4. FEI Number 56-1797822

Applied For
Not Applicable

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD ☐ Delete
NAME BARBEE, RONALD M
STREET ADDRESS 5151 GLENWOOD AVE.
CITY-ST-ZIP RALEIGH NC

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME URQUHART, RICHARD A
STREET ADDRESS 5151 GLENWOOD AVE.
CITY-ST-ZIP RALEIGH NC

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☒ Delete
NAME BARBEE, RONALD M
STREET ADDRESS 5151 GLENWOOD AVE.
CITY-ST-ZIP RALEIGH NC

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME AMAN, GENE T
STREET ADDRESS 5151 GLENWOOD AVE
CITY-ST-ZIP RALEIGH NC 27612

TITLE S ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME AMAN, GENE T
STREET ADDRESS 5151 GLENWOOD AVE.
CITY-ST-ZIP RALEIGH NC

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME ORQUHART III, RICHARD
STREET ADDRESS 5151 GLENWOOD AVE.
CITY-ST-ZIP RALEIGH NC

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Richard A. Urquhart APR 28 2000 (919) 781-9310