

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F95000003855**

1. Entity Name

TRIARC CORPORATE HEADQUARTERS, INC.**FILED****Apr 20, 2000 8:00 am**
Secretary of State

04-20-2000 90069 006 ***150.00

Principal Place of Business

Mailing Address

280 PARK AVE
24TH FLOOR
NEW YORK NY 10017
US280 PARK AVE
24TH FLOOR
NEW YORK NY 10017-1216
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

38-0471180

Applied For

Not Applicable

Zip

Country

Zip

Country

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 State10. 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
CD
PELTZ, NELSON
280 PARK AVE 41ST FLOOR
NEW YORK NY ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
MAY, PETER W
280 PARK AVE 41ST FLOOR
NEW YORK NY ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VCFO
BARNES, JACK L
280 PARK AVE 41ST FLOOR
NEW YORK NY ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
SCHORR, BRIAN L
280 PARK AVE 41ST FLOOR
NEW YORK NY ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
CROWE, ROBERT J
280 PARK AVE 24TH FLOOR
NEW YORK NY ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VT
SHULTZ, THOMAS E
280 PARK AVE, 41ST FLOOR
NEW YORK NY ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V S
Rosen, Stuart I.
280 Park Ave.
New York, NY 10017 ☐ Change ☒ 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:*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 #

CR20034 (9/99)