

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000002262

1. Entity Name

RTM OPERATING COMPANY

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90049 026 ***158.75

Principal Place of Business

1000 CORPORATE DR.
FT. LAUDERDALE FL 33334

Mailing Address

1000 CORPORATE DR.
FT. LAUDERDALE FL 33334-3655

2. Principal Place of Business

5995 BARFIELD ROAD

Suite, Apt. #, etc.

3. Mailing Address

5995 BARFIELD ROAD

Suite, Apt. #, etc.

00040340



DO NOT WRITE IN THIS SPACE

City & State

ATLANTA, GA 30328

City & State

ATLANTA, GA 30328

4. FEI Number

65-0740785

Applied For

Not Applicable

Zip

30328

Country

USA

Zip

30328

Country

USA

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	DP	<input type="checkbox"/> Delete
NAME	UMPHENOUR, RUSSELL V JR	
STREET ADDRESS	5995 BARFIELD RD	
CITY-ST-ZIP	ATLANTA GA 30328	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	COOPER, DENNIS E	
STREET ADDRESS	5995 BARFIELD RD	
CITY-ST-ZIP	ATLANTA A 30328	
TITLE	VDS	<input type="checkbox"/> Delete
NAME	WELCH, J R	
STREET ADDRESS	5995 BARFIELD RD	
CITY-ST-ZIP	ATLANTA GA 30328	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	BENHAM, DOUGLAS N	
STREET ADDRESS	5995 BARFIELD RD	
CITY-ST-ZIP	ATLANTA GA 30328	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: RUSSELL WELCH, SVP/SECY 4/24/2000 (404)256-4900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)