

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90132 022 ****50.00

DOCUMENT # M00000002326

1. Entity Name
ARBY'S HOLDINGS, LLC



Principal Place of Business
**1000 CORPORATE DR.
FT LAUDERDALE FL 33334-3651**

Mailing Address
**1000 CORPORATE DR.
FT LAUDERDALE FL 33334-3651**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **13-3760393**

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE **MGR** ☐ Delete
NAME **MAY, JONATHA P**
STREET ADDRESS **280 PARK AVE.**
CITY-ST-ZIP **NEW YORK NY 10017**

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

TITLE **P** ☐ Delete
NAME **HOWE, MICHAEL C**
STREET ADDRESS **1000 CORPORATE DR**
CITY-ST-ZIP **FT LAUDERDALE FL 33334**

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

TITLE **SVP** ☐ Delete
NAME **GIMSON, CURTIS S**
STREET ADDRESS **1000 CORPORATE DR.**
CITY-ST-ZIP **FT LAUDERDALE FL 33334-3651**

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

TITLE **SVPM** ☐ Delete
NAME **THOMAS, KENNETH A**
STREET ADDRESS **1000 CORPORATE DR.**
CITY-ST-ZIP **FT LAUDERDALE FL 33334-3651**

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

TITLE **S** ☐ Delete
NAME **ROSEN, STUART I**
STREET ADDRESS **280 PARK AVE.**
CITY-ST-ZIP **NEW YORK NY 10017**

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

TITLE ~~AS~~ ☒ Delete
NAME ~~DE-VRIES, COLLEEN A~~
STREET ADDRESS ~~280 PARK AVE.~~
CITY-ST-ZIP ~~NEW YORK NY 10017~~

TITLE **AS** ☐ Change ☐ Addition
NAME **Singletary, Jane A.**
STREET ADDRESS **280 Park Ave.**
CITY-ST-ZIP **New York, NY 10017**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Jane A. Singletary*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/16/03 **212-451-3012**
Date Daytime Phone #

CR2E083 (10/02)