

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **M98/821**

1. Entity Name

PEACHTREE FRANCHISE FINANCE, LLC

Principal Place of Business

Mailing Address

2859 Paces Ferry Road, Suite 300
Atlanta, GA 30339

2. Principal Place of Business

2859 Paces Ferry Road

Suite, Apt. #, etc.

Suite 300

City & State

Atlanta, GA

Zip

30339

Country

USA

3. Mailing Address

2859 Paces Ferry Road

Suite, Apt. #, etc.

Suite 300

City & State

Atlanta, GA

Zip

30339

Country

USA

4. FEI Number

58-2373365

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT 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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE **MGR** ☐ Delete
NAME Thomas M. Pearce, Jr.
STREET ADDRESS 2859 Paces Ferry Road, Suite 300
CITY-ST-ZIP Atlanta, GA 30339

TITLE **MGR** ☐ Delete
NAME Thomas J. Shaughnessy
STREET ADDRESS 2859 Paces Ferry Road, Suite 300
CITY-ST-ZIP Atlanta, GA 30339

TITLE **MGR** ☐ Delete
NAME Pierrette A. Newman
STREET ADDRESS 2859 Paces Ferry Road, Suite 300
CITY-ST-ZIP Atlanta, GA 30339

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
400003314314--6
-07/06/00--01011--022
*******50.00 *****50.00**

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JUN 30 PM 1:29

DO NOT WRITE IN THIS SPACE

CR E033 (11/93)