

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000000821

1. Entity Name

PEACHTREE FRANCHISE FINANCE, LLC

Principal Place of Business

2859 PACES FERRY ROAD, SUITE 300
ATLANTA GA 30339

Mailing Address

2859 PACES FERRY ROAD, SUITE 300
ATLANTA GA 30339

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☒ Delete
NAME NEWMAN, PIERRETTE A
STREET ADDRESS 2859 PACES FERRY ROAD, SUITE 1760
CITY-ST-ZIP ATLANTA GA 30339

TITLE MGR ☐ Change ☒ Addition
NAME Randy Booth
STREET ADDRESS 2859 Paces Ferry Road, Suite 300
CITY-ST-ZIP Atlanta, Georgia 30339

TITLE MGR ☒ Delete
NAME PEARCE, THOMAS M JR.
STREET ADDRESS 2859 PACES FERRY ROAD, SUITE 1760
CITY-ST-ZIP ATLANTA GA 30339

TITLE MGR ☐ Change ☒ Addition
NAME Mark Morganfield
STREET ADDRESS 2859 Paces Ferry Road, Suite 300
CITY-ST-ZIP Atlanta, Georgia 30339

TITLE MGR ☒ Delete
NAME SHAUGHNESSY, THOMAS J
STREET ADDRESS 2859 PACES FERRY ROAD, SUITE 1760
CITY-ST-ZIP ATLANTA GA 30339

TITLE MGR ☐ Change ☒ Addition
NAME Scott Dunn
STREET ADDRESS 2859 Paces Ferry Road, Suite 300
CITY-ST-ZIP Atlanta, Georgia 30339

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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 REQUIRED

Scott Dunn, CFO

(770) 803-6800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90184 040 ****55.00



DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)