

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001117

1. Entity Name
NATIONAL FRANCHISE DEVELOPERS, LLC

FILED

01 JAN 29 AM 8:13

Principal Place of Business
C/O RICHARD KAYE
1360 PEACHTREE ST., #1200
ATLANTA GA 30309

Mailing Address
C/O RICHARD KAYE
1360 PEACHTREE ST., #1200
ATLANTA GA 30309

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 58-2387934

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

DUNN, WILLIAM A III
14471 BEACH BLVD.
JACKSONVILLE FL 32224

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 *William A. Dunn III*
Signature, typed or printed name of registered agent and title if applicable.

William A. Dunn III
(NOTE: Registered Agent signature required when reappointing)

1/05/01
DATE

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME PACE, WILLIE J
STREET ADDRESS 3765 BIGGIN CHURCH RD., WEST
CITY-ST-ZIP JACKSONVILLE FL 32224

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR
NAME DUNN, WILLIAM A
STREET ADDRESS C/O RICHARD KAYE 1360 PEACHTREE ST., #1200
CITY-ST-ZIP ATLANTA GA 30309

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR
NAME GEORGE, ANTHONY
STREET ADDRESS 1360 PEACHTREE ST., STE 1200
CITY-ST-ZIP ATLANTA GA

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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, MANAGER, OR AUTHORIZED REPRESENTATIVE

William A. Dunn III
WILLIAM A. DUNN III, 1/05/01

Daytime Phone #

CR2E083 (11/00)