

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001424

1. Entity Name  
NATIONAL FRANCHISE DEVELOPERS HOLDINGS, L.L.C.

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

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

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 58-2492424

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

PACE, WILLIAM A III WILLIE D.  
14471 BEACH BLVD.  
JACKSONVILLE FL 32250

Name  
Dunn, William A III

Street Address (P.O. Box Number is Not Acceptable)  
14471 Beach Blvd.

City  
Jacksonville

FL

Zip Code  
32224

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 *Willie D. Pace*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*William A. Dunn III*  
*1/05/01*

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME DUNN, WILLIAM A III  
STREET ADDRESS 1360 PEACHTREE ST. STE. 1200 %RICHARD KAYE  
CITY-ST-ZIP ATLANTA GA 30309

TITLE ☐ Change ☐ Addition  
NAME 700003632917  
STREET ADDRESS -02/05/01--01014--019  
CITY-ST-ZIP \*\*\*\*\*55.00 \*\*\*\*\*55.00

TITLE MGR ☐ Delete  
NAME GEORGE, ANTHONY JR  
STREET ADDRESS 1360 PEACHTREE ST. STE. 1200 %RICHARD KAYE  
CITY-ST-ZIP ATLANTA GA 30309

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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: *William A. Dunn III* *1/05/01* *404-885-1555*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

FILED

01 JAN 29 AM 11:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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