

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P31555**

1. Entity Name

RTM GULF COAST, INC.

Principal Place of Business

**5995 BARFIELD ROAD
ATLANTA GA 30328**

Mailing Address

**5995 BARFIELD ROAD
ATLANTA GA 30328**

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

58-1913786

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. 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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCD
UMPHENOUR, RUSSELL V.,JR
5995 BARFIELD ROAD
ATLANTA GA** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
COOPER, DENNIS E.
5995 BARFIELD ROAD
ATLANTA GA** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
WELCH, J. RUSSELL
5995 BARFIELD ROAD
ATLANTA GA** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
BARTON, SHARRON L.
5995 BARFIELD ROAD
ATLANTA GA** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
BENHAM, DOUGLAS L.
5995 BARFIELD ROAD
ATLANTA GA** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
GONDOLFO, JOSEPH
5995 BARFIELD ROAD
ATLANTA GA** ☒ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President/Director ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Chairman of the Board/D ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President/Director ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President/Director ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. Russell Welch Secretary 4-25-01 404-256-4900

Date

Daytime Phone #

**FILED
May 12, 2001 8:00 am
Secretary of State**

05-12-2001 90022 023 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)