

Edgar Filing: TOPE CHARLES R - Form 3

TOPE CHARLES R
Form 3
April 22, 2002

UNITED STATES SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, D.C. 20549
FORM 3
INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

1. Name and Address of Reporting Person

CHARLES R. TOPE
3892 BEACON STREET
MARIETTA, GA 30062
U.S.A.

2. Issuer Name and Ticker or Trading Symbol

CHECKERS DRIVE-IN RESTAURANTS, INC. (CHKR)

3. IRS or Social Security Number of Reporting Person (Voluntary)

4. Statement for Month/Year

APRIL 2002

5. If Amendment, Date of Original (Month/Year)

6. Relationship of Reporting Person(s) to Issuer (Check all applicable)

() Director () 10% Owner () Officer (Give Title Below)
(X) Other (Specify Below)
DIRECTOR OF FRANCHISE SALES AND DEVELOPMENT

7. Individual or Joint/Group Filing (Check Applicable)

(X) Form filed by One Reporting Person
() Form filed by More than One Reporting Person

SUBJECT COMPANY:

COMPANY DATA:

| | |
|-------------------------------------|-------------------------------------|
| COMPANY CONFORMED NAME: | CHECKERS DRIVE-IN RESTAURANTS, INC. |
| CENTRAL INDEX KEY: | 0000879554 |
| STANDARD INDUSTRIAL CLASSIFICATION: | RETAIL-EATING PLACES [5812] |
| IRS NUMBER: | 581654960 |
| STATE OF INCORPORATION: | DE |
| FISCAL YEAR END: | 1231 |
| SEC FILE NUMBER: | 000-19649 |

BUSINESS/MAILING ADDRESS:

| | |
|-----------|-------------------|
| STREET 1: | 4300 WEST CYPRESS |
| CITY: | TAMPA |

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STATE:
ZIP:
BUSINESS PHONE:

FL
33607
8132837000

Table I Non-Derivative Securities Beneficially Owned

Title of Non-Derivative Security

Amount Beneficially Owned at End of the Month
Ownership Direct or Indirect

Nature of Indirect Beneficial Ownership

Table II Derivative Securities Beneficially Owned
(e.g., puts, calls, warrants, options, convertible securities)

Title of Derivative Security

Date Exercisable
Expiration Date
Title
Number of Shares
Conversion or Exercise Price of Derivative Security

Ownership Direct or Indirect

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Nature of Indirect Beneficial Ownership

Explanation of Responses:

Signature of Reporting Person

Date