

## FRANCHISE SELLER DISCLOSURE FORM

1. List who will solicit, offer or sell franchises for the Franchisor in this state:

A. Name: Lloyd C. Allen

B. Business Address: 2340 Castlewood  
Toledo, Ohio 43613

Telephone Number: 419/475-9080

C. Present Employer: Self-employed

Telephone Number: 419/475-9080

D. Present Title: NA

E. Employment during the past 5 years. For each employment, state the name of the employer, position held, and beginning and ending dates:

01/01/08 – Present Self-employed franchise broker

2001 – 2007 Escape Enterprises, Ltd.  
Vice President – Franchise Sales

2. State whether the person identified in 1 above:

A. Has an administrative, criminal or material civil action pending against that person alleging a violation of franchise, antitrust or securities law, or alleging fraud, unfair or deceptive practices, or any comparable allegations?

Yes \_\_\_\_\_ No X

If you answered “yes”, please provide:

1. Names of the parties:
2. Forum, nature and current status of the pending action:
3. Case or proceeding identification number:

B. Had during the 10 year period immediately before the disclosure document's issuance date been convicted of or pleaded nolo contendere to a felony charge; or been held liable in a civil action involving an alleged violation of a franchise, antitrust or securities law, or allegations of fraud, unfair or deceptive practices, or comparable allegations?

Yes \_\_\_\_\_ No X

If you answered "yes", please provide:

1. Names of the parties:
2. The forum:
3. Case or proceeding identification number:

C. Is subject to a currently effective injunction or restrictive order or decree resulting from a pending or concluded action brought by a public agency and relating to the franchise, or to a Federal, State or Canadian franchise, securities, antitrust, trade regulation or trade practice law.

Yes \_\_\_\_\_ No X

If you answered "yes", please provide:

1. Name of the person:
2. Public agency or court:
3. Case or proceeding identification number:

## FRANCHISE SELLER DISCLOSURE FORM

1. List who will solicit, offer or sell franchises for the Franchisor in this state:

A. Name: Jeffrey Michael Fix

DEPARTMENT OF CORPORATIONS  
RECEIVED LOS ANGELES OFFICE

B. Business Address: 222 Neilston Street  
Columbus, Ohio 43215

APR 02 2012

Telephone Number: 614/224-0300

C. Present Employer: Escape Enterprises, Ltd.  
222 Neilston Street  
Columbus, Ohio 43215

Telephone Number: 614/224-0300

D. Present Title: Vice President - Development

E. Employment during the past 5 years. For each employment, state the name of the employer, position held, and beginning and ending dates:

03/09 – Present      Escape Enterprises, Ltd.  
Vice President – Development

10/08 – 02/09      Escape Enterprises, Ltd.  
Vice President – Operations

11/97 – 10/08      Escape Enterprises, Ltd.  
Vice President – Franchise Support

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