Edgar Filing: CHECKERS DRIVE IN RESTAURANTS INC /DE - Form 3

CHECKERS DRIVE IN RESTAURANTS INC /DE

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Form 3
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April 17, 2002
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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
KOEHLER, DAVID G.
5006 DAVENSHIRE WAY
TAMPA, FL 33647
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
MARCH 2002
5. If Amendment, Date of Original (Month/Year)
6. Relationship of Reporting Person(s) to Issuer (Check all applicable)
  ) Director ( ) 10% Owner ( X ) Officer (Give Title Below)
   ) Other (Specify Below)
       CHIEF FINANCIAL OFFICER/TREASURER
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:
                                                      CHECKERS DRIVE-IN RESTAURANTS, INC.
               COMPANY CONFORMED NAME:
               CENTRAL INDEX KEY:
                                                                       0000879554
               STANDARD INDUSTRIAL CLASSIFICATION:
                                                               RETAIL-EATING PLACES [5812]
               IRS NUMBER:
                                                                       581654960
               STATE OF INCORPORATION:
                                                               DΕ
               FISCAL YEAR END:
                                                                       1231
                                                                       000-19649
               SEC FILE NUMBER:
       BUSINESS/MAILING ADDRESS:
               STREET 1:
                                                                               4300 WEST CYPRESS
               CITY:
                                                                               TAMPA
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STATE: FL

ZIP: 33607 BUSINESS PHONE: 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 Common Stock

1,000 D

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			
Explana	atic	on of Resp	ponses:				
Signatı	 ıre	of Report	ing Person			Dat	e