

2001 UNIFORM BUSINESS REPORT (UBR)

0017343 AF

DOCUMENT # **L00000008380**

1. Entity Name
TAMPA HYDE PARK CAFE, LLC

FILED
01 JUL -5 AM 8:47

Principal Place of Business
**1802 W. PLATT STREET
TAMPA FL 33606-1838**

Mailing Address
**1802 W. PLATT STREET
TAMPA FL 33606-1838**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business
1802 W. Platt St.
Suite, Apt. #, etc.

3. Mailing Address
1802 W. Platt St.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Tampa, FL

City & State
TAMPA, Florida

4. FEI Number
59-3658458

Applied For
 Not Applicable

Zip
33606

Country

Zip
33606

Country

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

~~MCINTOSH, ANDREW-L~~
**101 E. KENNEDY BLVD., SUITE 2000
TAMPA FL 33602**

Name **Christopher Scott**
Street Address (P.O. Box Number is Not Acceptable)
1121 Abbays Way
City **Tampa** **FL** Zip Code **33602**

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

4/27/01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Christopher Scott P <input type="checkbox"/> Delete 1121 Abbays Way Tampa, Florida 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete Thomas Ortiz Mgr. 308 S. Fremont Suite B Tampa, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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*******50.00 *****50.00**

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: SIGNATURE REQUIRED

4/27/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)