

2001 UNIFORM BUSINESS REPORT (UBR)

0009478 AF

DOCUMENT # A95000000156

1. Entity Name
HOPS OF BRADENTON, LTD.

FILED
01 APR 30 PH 3: 53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
C/O HOPS GRILL & BAR, INC.
2701 N. ROCKY POINT DRIVE, SUITE 300
TAMPA FL 33607

Mailing Address
C/O HOPS GRILL & BAR, INC.
2701 N. ROCKY POINT DRIVE, SUITE 300
TAMPA FL 33607

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3294329 **Applied For**
Not Applicable

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

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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.) (NOT Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$990.00 **10. Amount of Capital Contributions** in FLORIDA to date. \$25,000 **11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #	P94000070278
NAME	HOPS OF SOUTHWEST FLORIDA, INC.
STREET ADDRESS	2701 N. ROCKY POINT DRIVE, SUITE 300
CITY-ST-ZIP	TAMPA FL 33607
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	600004219176--1
CITY-ST-ZIP	05/16/01-01004-030 ****440.50 ****272.50
STREET ADDRESS	FF # 263.75
CITY-ST-ZIP	Ans. 8.75
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: Zack A. Kollias 2/23/01 (813) 282-9350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)