

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

6004624 AV

DOCUMENT # A95000000160

1. Entity Name
HOPS OF LAKE LAND, LTD.



FILED

03 MAY 28 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

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

2. Principal Place of Business
Hancock @ Washington

3. Mailing Address
Hancock @ Washington

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State
Madison, GA

City & State
Madison, GA

4. FEI Number 59-3294657

Applied For
Not Applicable

Zip Country
30650

Zip Country
30650

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record. \$25,000.00

10. Amount of Capital Contributions in FLORIDA to date. \$25,000.00

11. MAKE CHECK PAYABLE TO FL. 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

13. ADDRESS CHANGES ONLY

DOCUMENT # P97000009985
NAME HOPS GRILL & BAR, INC.
STREET ADDRESS 2701 N ROCKY POINT DRIVE, SUITE 300
CITY-ST-ZIP TAMPA FL 33607

STREET ADDRESS Hancock @ Washington
CITY-ST-ZIP Madison, GA 30650

DOCUMENT #
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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

5/21/03 (706)343-2217

Date

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE