

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0004673 AV

DOCUMENT # A95000000161

1. Entity Name  
HOPS OF FLORIDA MALL, 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  
Suite, Apt. #, etc.

3. Mailing Address  
Hancock @ Washington  
Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State  
Madison, GA

City & State  
Madison, GA

4. FEI Number 59-3294660

Applied For  
Not Applicable

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

Zip Country  
30650 USA

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30650 USA

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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

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

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	STREET ADDRESS	Hancock @ Washington
NAME	HOPS GRILL & BAR, INC.	CITY-ST-ZIP	Madison, GA 30650
STREET ADDRESS	2701 N. ROCKY POINT DRIVE, SUITE 300		
CITY-ST-ZIP	TAMPA FL 33607		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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: Percy Williams 5/21/03 (706) 343-2217

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)