

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000000162

1. Entity Name
HOPS OF CORAL SPRINGS, 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 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
Hancock @ Washington
Suite, Apt. #, etc.

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

City & State
Madison, GA

City & State
Madison, GA

Zip Country
30650 USA

Zip Country
30650 USA

4. FEI Number 59-3294665

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. 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 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

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

13. ADDRESS CHANGES ONLY

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

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
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DOCUMENT #	NAME	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: SIGASILE NEQUERECY Williams 5/21/03 (706)343-2217
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)