

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

8004723 AV

DOCUMENT # A95000001122

1. Entity Name  
HOPS OF BOYNTON BEACH, LTD.



FILED

03 MAY 28 AM 18:00

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 59-3331696

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 \_\_\_\_\_ 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

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

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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: \_\_\_\_\_ DATE: 5/21/03 DAYTIME PHONE #: (706)343-2217  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (10/02)

STATE CHECK HERE