

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000000046

1. Entity Name

HOPS OF ALTAMONTE SPRINGS, LTD.

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 33607-5920

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3353730

Applied For

Not Applicable

5. Certificate of Status Desired

☒ x

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$1,000.00

10. Amount of Capital Contributions in FLORIDA to date.

\$1,000.00

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

13. ADDRESS CHANGES ONLY

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

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME
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:

Terence Terenz
Terence Terenz, Sr. Finance & C.F.O.

March 27, 2000 813-282-9350

Date

Daytime Phone #

APPROVED
AND
FILED

00 MAR 29 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mf 4/5



DO NOT WRITE IN THIS SPACE

CR2E003 (9/99)