

# 2000 UNIFORM BUSINESS REPORT (UBR)

NOV. AND FILED

00 MAR 29 AM 11:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*mf 4/15*



DO NOT WRITE IN THIS SPACE

**DOCUMENT # A96000000105**

**1. Entity Name**  
HOPS OF BOWLING GREEN, 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**  
Suite, Apt. #, etc.

**3. Mailing Address**  
Suite, Apt. #, etc.

**City & State**

**Zip**      **Country**

**4. FEI Number** 59-3354830

**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.**

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.** \$99.00

**10. Amount of Capital Contributions in FLORIDA to date.** \$99.00

**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**

DOCUMENT #	P95000086645
NAME	HOPS OF THE OHIO VALLEY, INC.
STREET ADDRESS	2701 N. ROCKY POINT DR., SUITE 300
CITY - ST - ZIP	TAMPA FL 33607
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	300003204703--4
CITY - ST - ZIP	-04/11/00--01136--000 ***150.00 ***150.00
STREET ADDRESS	
CITY - ST - ZIP	
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:** *[Signature]* **REQUIRED** March 27, 2000 813-282-9350

Signature and typed or printed name of signing general partner Date Daytime Phone #

Tallahassee, Florida Department of Finance & C.F.O.

CR2E003 (9/99)