

# 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
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>59-3354830</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> 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. <b>\$99.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>\$99.00</b>	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 # NAME STREET ADDRESS CITY - ST - ZIP	<b>P95000086645 HOPS OF THE OHIO VALLEY, INC. 2701 N. ROCKY POINT DR., SUITE 300 TAMPA FL 33607</b>
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY - ST - ZIP	
STREET ADDRESS CITY - ST - ZIP	<b>300003204703--4 -04/11/00--01136-000 ***150.00 ***150.00</b>
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  
Date Daytime Phone #

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

CR2E003 (9/99)