

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0004982
AV

DOCUMENT # **A96000000105**

1. Entity Name
HOPS OF BOWLING GREEN, LTD.

02 APR 19 AM 10:24

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 |
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|--------------------------------|---------|---------------------|---------|--|---------------------------------------|
| 2. Principal Place of Business | | 3. Mailing Address | | DUE BY MAY 1, 2002 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-3354830 | Applied For Not Applicable |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$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 _____ 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 | 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 # P95000086645 | HOPS OF THE OHIO VALLEY, INC. 2701 N. ROCKY POINT DR., SUITE 300 TAMPA FL 33607 | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| DOCUMENT # | | STREET ADDRESS | 300005463003--0 |
| NAME | | CITY-ST-ZIP | -05/06/02--01032--004 |
| DOCUMENT # | | STREET ADDRESS | ****272.50 ****272.50 |
| NAME | | CITY-ST-ZIP | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | 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]* **4/8/02** **813-282-9350**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CP2E003 (9/01)