

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

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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
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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		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: **4/8/02 813-282-9350**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CP2E003 (9/01)