

2002 UNIFORM BUSINESS REPORT (UBR)

000419 AV

DOCUMENT # **A99000000111**

1. Entity Name

HOPS OF OHIO, LTD.

FILED

02 APR 23 PM 2:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

**C/O HOPS GRILL & BAR, INC.
2701 NORTH ROCKY POINT DRIVE, SUITE 300
TAMPA FL 33607**

Mailing Address

**C/O HOPS GRILL & BAR, INC.
2701 NORTH ROCKY POINT DRIVE, SUITE 300
TAMPA FL 33607**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

59-3556244

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$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 not applicable.

DATE

9. Capital Contributions
as Shown on record.

25,000

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

STREET ADDRESS

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******325.00 ****272.50**

**FF \$ 263.75
CUS 8.75**

CR2E003 (9/01)

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/8/02

813-282-9350

Date

Daytime Phone #