, 200 0	UNIFO	RM BUS	INE	SS REPO	RT.	(UBF	3)	٠ ,	APPROV.	Eb			
DOCUMENT # A9900000112 1. Entity Name HOPS OF KANSAS, LTD.								00 MA	FILED R 29 AM	: 9			
									TARY OF IASSEE, F				
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. IN 2701 NORTH ROCKY POINT DRIVE. SUITE 300 TAMPA FL 33607-5920						e. Suite 300	0		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	m	14	15	
2. Principal Place of Business . 3. Mailing Address								()#)# ()	### 1 # 110 1 # 111 ## 111	EBIN BBIN BBN	I# 89 1)] 80] 0	I (1 68) 1767	11181 1481
Suite, Apt. #, etc.				Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE						
City & State				City & State						Applie Not Ap	ed For opticable		
Zip	Zip Country			ip I	ntry	5. Certificate of Status Desired 🔀 \$8.75 / Fee Requ					nal		
	6. Name and	Address of Current	Regist	ered Agent		N		7. Name and A	ddress of New	Registered	d Agent		
CORPORATION SERVICE COMPANY						Name							
1201 HAYS STREET						Street Ac	ddress (F	P.O. Box Number	is Not Acceptat	ole) 			
TALLAHASSEE FL 32301-2525													
					•	City				F	L Zip	Code	
8. The above	named entity sub	mits this statement fo	or the pu	urpose of changing its	register	ed office or	registere	ed agent, or both,	in the State of F	Florida.			
SIGNATURE _										DATE			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re 9. Capital Contributions \$150,000.00 10. Arrount of Capital Contributions						tributions 11. MAKE CHECK PAYABLE TO DE							
as Shown o	ite. FITY M	UST BE F	REGIST	000.00 ERED AND AC	TIVE WITH T	RSE SIDE I	CE.	NFORMA	TION				
12.	NOTE: Ge			F be changed on th	e form		ndment	must be filed	to change a				
DOCUMENT# P9700009985				MALION		EET ADORESS		<u>-</u>	ADDITEGO O	TIANOLO O	1421		
NAME	HOPS GRILL &	LIITE 200		:I ALUMESS									
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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 his report as required by Chapter 620, Florida Statutes

SIGNATURE: Terest West The Trees of the Tree

2000

813-282-9350