

2000 UNIFORM BUSINESS REPORT (UBR)

526.25

UBR 100

DOCUMENT # A99000001675

1. Entity Name
HI LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR -6 PM 6:05

Principal Place of Business 26133 U.S. HWY 19 NORTH STE 100 CLEARWATER FL 33763	Mailing Address 26133 U.S. HWY 19 NORTH STE 100 CLEARWATER FL 33763-2015
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3602366		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KIEFER, NEIL G
26133 U.S. HWY 19 NORTH, STE 100
CLEARWATER FL 33763

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. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. \$70,000.00	10. Amount of Capital Contributions in FLORIDA to date.	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 # NAME STREET ADDRESS CITY - ST - ZIP	G31456 HOOTERS, INC 26133 US HWY 19 NORTH STE 100 CLEARWATER FL	STREET ADDRESS	
DOCUMENT #		CITY - ST - ZIP	400003227264--9
DOCUMENT #		STREET ADDRESS	-04/27/00--01093--001
DOCUMENT #		CITY - ST - ZIP	***826.25 ***526.25
DOCUMENT #	BK	STREET ADDRESS	
DOCUMENT #	BK	CITY - ST - ZIP	BK
DOCUMENT #		STREET ADDRESS	
DOCUMENT #		CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
DOCUMENT #		CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
DOCUMENT #		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]** **BRUCE W. CILARK** CFO 2/25/00 727-725-2551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)