

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 APR 23 AM 10:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L92000000010

1. Entity Name

PLANET HOLLYWOOD (TROCADERO), L.C.

Principal Place of Business

8669 COMMODITY CIRCLE  
ORLANDO FL 32819

Mailing Address

8669 COMMODITY CIRCLE  
ORLANDO FL 32819-9003

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3172890

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARSHALL, BYRD F JR  
GRAY, HARRIS & ROBINSON, P.A.  
201 E PINE STREET, 1200  
ORLANDO FL 32801

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGR  
AVALLONE, THOMAS  
8669 COMMODITY CIRCLE  
ORLANDO FL 32819 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MEM  
PLANET HOLLYWOOD, INTERNATIONAL, INC.  
8669 COMMODITY CIRCLE  
ORLANDO FL 32819 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
700003244857--B  
-05/09/00--01092--024  
\*\*\*\*\*50.00 \*\*\*\*\*50.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGR  
JOHNSON, SCOTT  
8669 COMMODITY CIRCLE  
ORLANDO FL 32819 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
Mark S. Helm  
8669 Commodity Circle  
Orlando, FL 32819 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Thomas Avallone

Date

4/14/00

Daytime Phone #

CR2E083 (9/99)