

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

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DOCUMENT # L99000000559

1. Entity Name  
HOPS OF BALTIMORE COUNTY, LLC

00 MAR 29 AM 10:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ny4/7

Principal Place of Business Mailing Address  
C/O HOPS GRILL & BAR, INC. C/O HOPS GRILL & BAR, INC.  
2701 NORTH ROCKY POINT DRIVE, SUITE 300 2701 NORTH ROCKY POINT DRIVE, SUITE 300  
TAMPA FL 33607 TAMPA FL 33607-5920



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
HIGBEE, R. ALAN FOWLER WHITE GILLEN BOGGS VILLAREAL & BANK 501 E, KENNEDY BLVD., SUITE 1700 TAMPA FL 33602				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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

9. MANAGING MEMBERS/MEMBERS				10. ADDITIONS/CHANGES			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHELLDORF, THOMAS A			NAME			
STREET ADDRESS	2701 NORTH ROCKY POINT DRIVE, SUITE 300			STREET ADDRESS			
CITY- ST- ZIP	TAMPA FL 33607			CITY- ST- ZIP			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TERENZI, TERENCE M			NAME			
STREET ADDRESS	2701 NORTH ROCKY POINT DRIVE, SUITE 300			STREET ADDRESS			
CITY- ST- ZIP	TAMPA FL 33607			CITY- ST- ZIP			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOOTH, ERICH J			NAME			
STREET ADDRESS	HANCOCK AT WASHINGTON			STREET ADDRESS			
CITY- ST- ZIP	MADISON GA 36050			CITY- ST- ZIP			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DUPREE, TOM E JR			NAME			
STREET ADDRESS	HANCOCK AT WASHINGTON			STREET ADDRESS			
CITY- ST- ZIP	MADISON GA 36050			CITY- ST- ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			

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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: *Terence Terenzi* **SIGNATURE REQUIRED** March 27, 2000 813-282-9350  
Terence Terenzi, Secretary of State, Department of State, Tallahassee, Florida C.F.O. Date Daytime Phone #

CR2E083 (9/99)