

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000559

1. Entity Name
HOPS OF BALTIMORE COUNTY, LLC

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

FILED

01 JUN -4 AM 11:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

| | | | | | | | | | |
|--------------------------------|---------|---------------------|---------|--|--|--------------------------------|--|-------------------------------|--|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 59-3556578 | | APPLIED FOR | | Applied For Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | | | |
| City & State | | City & State | | | | | | | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | \$5.00 Additional Fee Required | | | |

| | | | | | | | |
|---|--|--|--|--|--|--|--|
| 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 Corporation Service Company | | | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street | | | |
| | | | | Tallahassee, FL 32301-2525 | | | |
| | | | | 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 Margaret M. Dall, authorized Representative
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

800004422558--1
06/15/01--01064--013
*****55.00 *****55.00

| 9. MANAGING MEMBERS/MEMBERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR SCHELLDORF, THOMAS A 2701 NORTH ROCKY POINT DRIVE, SUITE 300 TAMPA FL 33607 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | CEO Ronald Magruder 2701 N. Rocky Point Drive, Ste 300 Tampa, FL 33607 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR TERENZI, TERENCE M 2701 NORTH ROCKY POINT DRIVE, SUITE 300 TAMPA FL 33607 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P Margaret Waldrep Hancock at Washington Madison, GA 30650 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BOOTH, ERICH J HANCOCK AT WASHINGTON MADISON GA 30650 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director Erich J. Booth Hancock at Washington Madison, GA 30650 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR DUPREE, TOM E JR HANCOCK AT WASHINGTON MADISON GA 30650 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director Tom E. Dupree Jr. Hancock at Washington Madison, GA 30650 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T Zacharias Kollias 2701 N. Rocky Point Drive, Ste 300 Tampa, FL 33607 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S Percy Williams Hancock at Washington Madison, GA 30650 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607(3)(a), 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: Zack A. Kollias 2/23/01 (813) 282-9350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

001:353 AF

CR2E083 (11/00)