

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0034169

DOCUMENT # L99000000559

1. Entity Name

HOPS OF BALTIMORE COUNTY, LLC



FILED

03 MAY 28 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

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

2. Principal Place of Business

Hancock @ Washington

3. Mailing Address

Hancock @ Washington

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Madison, GA

City & State

Madison, GA

4. FEI Number

59-3558578

Applied For

Not Applicable

Zip

30650

Country

USA

Zip

30650

Country

USA

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
MAGRUDER, RONALD
2701 NORTH ROCKY POINT DRIVE, SUITE 300
TAMPA FL 33607 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
WALDREP, MARGARET
HANCOCK AT WASHINGTON
MADISON GA 30650 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
KOLLIAS, ZACHARIAS
2701 N ROCKY POINT DR., STE 300
TAMPA FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
WILLIAMS, PERCY
HANCOCK AT WASHINGTON
MADISON GA ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Tom DuPree, Jr
Hancock @ Washington
Madison, GA 30650 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
~~05/28/03 01028--001 **100.00~~

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
900020039209
05/28/03--01028--001 **100.00

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

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

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Percy Williams 5/21/03 (706)343-2217

CR2E083 (10/02)