

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003051

1. Entity Name

HOPS OF MISSOURI, 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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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.

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

400004220674--4
-05/16/01--01111--011
*****55.00 *****55.00

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
HOPS OF KANSAS, LTD.
2701 NORTH ROCKY POINT DRIVE, SUITE 300
TAMPA FL 33607

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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:

Zack A. Kollias

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 #

FILED

2001 APR 30 AM 10:13

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE:

4. FEI Number 59-3581718
APPLIED FOR

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

CR2E083 (11/00)

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