

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2003 8:00 am
Secretary of State

05-28-2003 90174 002 ***750.00

DOCUMENT # P94000070278

1. Entity Name

HOPS OF SOUTHWEST FLORIDA, INC.



Principal Place of Business

2701 N ROCKY POINT DR
SUITE 300
TAMPA FL 33607
US

Mailing Address

2701 N ROCKY POINT DR
SUITE 300
TAMPA FL 33607
US

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

Zip

30650

Country

USA

Zip

30650

Country

USA

4. FEI Number

59-3281398

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

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 \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEO
MAGRUDER, RONALD N
2701 N ROCKY PT DR #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 A
2701 N ROCKY PT DR #300
TAMPA FL 33607** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
WILLIAMS, PERCY
HANCOCK AT WASHINGTON
MADISON GA 30650** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

PERCY WILLIAMS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/21/03 (706) 343-2217

CR2E034 (10/02)