

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90380 024 ***158.75

DOCUMENT # P95000086645

1. Entity Name
HOPS OF THE OHIO VALLEY, INC.

Principal Place of Business

2701 N ROCKY POINT DR
 300
 TAMPA FL 33607

Mailing Address

2701 N ROCKY POINT DR
 300
 TAMPA FL 33607

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3358901**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PCOO** ☒ Delete
 NAME **TIMBERLAKE, JOSEPH F**
 STREET ADDRESS **2701 N ROCKY POINT DR #300**
 CITY-ST-ZIP **TAMPA FL 33607**

TITLE **President, Director** ☐ Change ☒ Addition
 NAME **Margaret Waldrep**
 STREET ADDRESS **Hancock at Washington**
 CITY-ST-ZIP **Madison, GA 30650**

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

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

TITLE **D** ☒ Delete
 NAME **DUPREE, TOM E JR**
 STREET ADDRESS **2701 N ROCKY POINT DR**
 CITY-ST-ZIP **TAMPA FL**

TITLE ☒ Change ☐ Addition
 NAME ☒ Change ☐ Addition
 STREET ADDRESS **Hancock at Washington**
 CITY-ST-ZIP **Madison, GA 30650**

TITLE **D** ☒ Delete
 NAME **BOOTH, ERICH J**
 STREET ADDRESS **2701 N ROCKY POINT DR**
 CITY-ST-ZIP **TAMPA FL**

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

TITLE **V** ☐ Delete
 NAME **KOLLIAS, ZACHARIAS A**
 STREET ADDRESS **2701 N ROCKY POINT DR#300**
 CITY-ST-ZIP **TAMPA FL 33607**

TITLE **Treasurer** ☒ Change ☐ Addition
 NAME ☒ Change ☐ Addition
 STREET ADDRESS ☒ Change ☐ Addition
 CITY-ST-ZIP ☒ Change ☐ Addition

TITLE **VT** ☒ Delete
 NAME **PATTERSON, LANSING S**
 STREET ADDRESS **2701 N ROCKY POINT DR #300**
 CITY-ST-ZIP **TAMPA FL 33607**

TITLE **Secretary** ☐ Change ☒ Addition
 NAME **Percy Williams**
 STREET ADDRESS **Hancock at Washington**
 CITY-ST-ZIP **Madison, GA 30650**

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/02

Date

813-282-9350

Daytime Phone #

CR2E034 (9/01)