

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P97000009985**

1. Entity Name

**HOPS GRILL & BAR, INC.****FILED**  
**Mar 30, 2000 8:00 am**  
**Secretary of State**

03-30-2000 90052 049 \*\*\*158.75

Principal Place of Business

Mailing Address

2701 N ROCKY POINT DR  
300  
TAMPA FL 33607  
US2701 N ROCKY POINT DR  
300  
TAMPA FL 33607-5920  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**58-2292652**

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 32301-2525

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, 2000 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PCOO<br>SCHELLDORF, THOMAS<br>2701 N ROCKY POINT DR<br>TAMPA FL 33607 | <input type="checkbox"/> Delete |
|--|---|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VSTO<br>TERENZI, TERENCE<br>2701 N ROCKY POINT DR<br>TAMPA FL 33607   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>DUPREE, TOM E JR<br>2701 N ROCKY POINT DR<br>TAMPA FL 33607      | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BOOTH, ERICH J<br>2701 N ROCKY POINT DR<br>TAMPA FL 33607        | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |

| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|--|--|---|
|  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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|  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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:**

Terence Terenzi Sr. VP-Finance &amp; C.F.O.

March 27, 2000 813-282-9350

Date

Daytime Phone #