

# 2001 UNIFORM BUSINESS REPORT (UBR)

0009409 AF

DOCUMENT # **A99000000808**

1. Entity Name

**CARRABBA'S/ROCKY TOP, LIMITED PARTNERSHIP**

**FILED**

Principal Place of Business

**2209 NORTH WEST SHORE BLVD., 5TH FLOOR  
TAMPA FL 33607**

Mailing Address

**2209 NORTH WEST SHORE BLVD., 5TH FLOOR  
TAMPA FL 33607**

**01 MAY -2 PM 12:34**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



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

**59-3570859**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KADOW, JOSEPH J**

**2209 NORTH WEST SHORE BLVD., 5TH FLOOR  
TAMPA FL 33607**

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. (NOT Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions  
as Shown on record.

**\$100,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P95000003626**  
NAME **CARRABBA'S ITALIAN GRILL, INC.**  
STREET ADDRESS **2209 NORTH WEST SHORE BLVD., 5TH FLOOR**  
CITY-ST-ZIP **TAMPA FL 33607**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # **B99000000247**  
NAME **RCF ROCKY TOP, L.P.**  
STREET ADDRESS **543 MIDWAY CIRCLE**  
CITY-ST-ZIP **BRENTWOOD TN 37027**

STREET ADDRESS

CITY-ST-ZIP

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**600004257216-2**  
**-05/22/01--01062--021**  
**\*\*\*\*535.00 \*\*\*\*535.00**

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: \_\_\_\_\_

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**4/30/01**

CR2E003 (11/00)