


# 2001 UNIFORM BUSINESS REPORT (UBR)

0009436 AF

<b>DOCUMENT # A00000000603</b>			
1. Entity Name <b>FLEMING'S/NORTHEAST-I, LIMITED PARTNERSHIP</b>			
Principal Place of Business <b>2202 NORTH WESTSHORE BLVD., 5TH FLOOR TAMPA FL 33607</b>		Mailing Address <b>2202 NORTH WESTSHORE BLVD., 5TH FLOOR TAMPA FL 33607</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**FILED**  
**01 JUN 21 PM 4:00**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-363 4454</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>BRAUN, KELLY M 2202 NORTH WESTSHORE BLVD., 5TH FLOOR TAMPA FL 33607</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. <b>\$25,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 #	<b>M00000000653</b>	STREET ADDRESS	
NAME	<b>OUTBACK/FLEMING'S, LLC</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>2202 NORTH WESTSHORE BLVD., 5TH FLOOR</b>		
CITY-ST-ZIP	<b>TAMPA FL 33607</b>		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

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 **4/20/01** Date Daytime Phone #

CR2E003 (11/00)