

# 2002 UNIFORM BUSINESS REPORT (UBR)

000442 AV

**DOCUMENT #** A00000000668

**1. Entity Name**  
OUTBACK/HAWAII, LIMITED PARTNERSHIP

**FILED**  
02 MAY -1 AM 10:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Principal Place of Business**  
2202 NORTH WESTSHORE BLVD., 5TH FLOOR  
TAMPA FL 33607

**Mailing Address**  
2202 NORTH WESTSHORE BLVD., 5TH FLOOR  
TAMPA FL 33607



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

City & State

Zip Country

**DUE BY MAY 1, 2002**

**4. FEI Number** 59-3640519

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**

**KADOW, JOSEPH J**  
2202 NORTH WESTSHORE 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. **DATE** \_\_\_\_\_

**9. Capital Contributions** as Shown on record. **\$50,000.00**

**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 #	B00000000127
NAME	OUTBACK STEAKHOUSE INTERNATIONAL, L.P.
STREET ADDRESS	3355 LENOX ROAD, SUITE 600
CITY-ST-ZIP	ATLANTA GA 30326
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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350.00  
86.75 BK

800005537748--7  
-05/15/02--01055--002  
\*\*\*\*438.75 \*\*\*\*438.75

**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**

**4-23-02** **(813) 282-1225**

Signature and typed or printed name of signing general partner Date Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE