

# 2002 UNIFORM BUSINESS REPORT (UBR)

0004632 AV

**DOCUMENT #** A00000000946

**1. Entity Name**  
OUTBACK CATERING OF PITTSBURGH, LTD.

**FILED**

02 MAY -1 AM 10:13

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** 59-3654957 **Applied For**  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

KADOW, JOSEPH J  
2202 NORTH WESTSHORE BLVD., 5TH FLOOR  
TAMPA FL 33607

**7. Name and Address of New Registered Agent**

**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** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**9. Capital Contributions** as Shown on record. **\$25,000.00**

**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**

<b>DOCUMENT #</b>	P98000007973
<b>NAME</b>	OUTBACK CATERING, INC.
<b>STREET ADDRESS</b>	2202 NORTH WESTSHORE BLVD., 5TH FLOOR
<b>CITY-ST-ZIP</b>	TAMPA FL 33607
<b>DOCUMENT #</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>DOCUMENT #</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
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<b>CITY-ST-ZIP</b>	
<b>DOCUMENT #</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**13. ADDRESS CHANGES ONLY**

<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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

CR2E003 (9/01)