

FILED

03 OCT 20 AM 8:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**2003 LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # A00000001096**1. Entity Name  
**A LA CARTE EVENT PAVILION, LTD.**Principal Place of Business  
**2202 NORTH WEST SHORE BLVD., 5TH FLOOR  
TAMPA, FL 33607**Mailing Address  
**2202 NORTH WEST SHORE BLVD., 5TH FLOOR  
TAMPA, FL 33607**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

DUE BY MAY 1, 2003

4. FEI Number

**50-3659025**

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 WEST SHORE 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions

as Shown on record. **\$25,000.00**

10. Amount of Capital Contributions

in FLORIDA to date.

MAKE CHECK PAYABLE TO FL 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

DOCUMENT # **P98000107973**  
NAME **OUTBACK CATERING, INC.**  
STREET ADDRESS **2202 NORTH WEST SHORE BLVD., 6TH FLOOR**  
CITY-ST-ZIP **TAMPA, FL 33607**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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:

**Robert S. McNeill, VP and CEO of  
Outback Catering, Inc., the  
Sole general Partner****9/11/03****813-282-1225**

CR2E03 (10/02)

STAPLE CHECK HERE

**300024282713**  
**10/30/03-01023-002 \*\*150.00**

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September 15, 2003

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Uniform Business Report

Dear Sir or Madam:

Accompanying this letter please find the 2003 Uniform Business Report for the following entity:

A LA CARTE EVENT PAVILLION, LTD.

Please accept this report late, due to the fact that we had not received it. I have also enclosed a check in the amount of \$150.00 to cover the filing fees. Needless to say, I'm looking forward to utilizing the online filing feature for next year.

If you should have any questions or concerns, please do not hesitate to contact me at 813-282-1225. Thank you for your assistance in this matter.

Very truly yours,

Ariane McQueen  
Legal Assistant

Enclosures

cc: Kelly Lefferts