

1 of 3

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **A01000001025**

1. Entity Name **ROY'S/SCOTTSDALE, LIMITED PARTNERSHIP**

FILED

02 SEP 18 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2202 N. West Shore Blvd, 5th FL SAME

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

DUE BY MAY 1

City & State

TAMPA, FL

City & State

SAME

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

33607

Country

USA

Zip

SAME7

Country

SAME

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

7. Name and Address of Current Registered Agent

Name

Kelly (Braun) Lefferts

Street Address (P.O. Box Number is Not Acceptable)

2202 N. West Shore Blvd, 5th FL

City

Tampa

FL

Zip Code

33607

**DO NOT WRITE
IN THIS SPACE**

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. **\$250,000.00**

10. Amount of Capital Contributions

in FLORIDA to date. **Zero**

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

DOCUMENT # **D99000078607**
NAME **OS PACIFIC, INC.**
STREET ADDRESS **2202 N. West Shore Blvd, 5th FL**
CITY - ST - ZIP **Tampa, FL 33607**

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

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IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

**Joseph J. Kadow, Vice President, Secretary and
General Counsel**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Exhibit, Phone #

CR2E003B (12/01)

STAPLE CHECK HERE

293

OUTBACK STEAKHOUSE, INC.

2202 N. West Shore Blvd. • 5th Floor • Tampa, FL 33607
Phone (813) 282-1225 • Fax (813) 282-1209
www.outback.com

FILED
02 SEP 18 AM 11:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

September 3, 2002

Division of Corporation
Registered Section
409 E. Gaines Street
Tallahassee, FL 32399

Re: 2002 Limited Partnership Uniform Business Report (UBR)

Dear Sir or Madam;

I am filing this letter to advise you that to date, we have not received the standard copy of the above listed document for Roy's/Scottsdale, Limited Partnership that was mailed in January and request that the late fee of \$400.00 be waived.

Should you have any questions, feel free to contact me at (813) 282-1225.

Sincerely,



Natalie Larkins
Executive Assistant

Enclosures

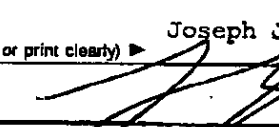
Form **SS-4**(Rev. December 2001)
Department of the Treasury
Internal Revenue Service**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN

OMB No. 1545-0003

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested ROY'S/SCOTTSDALE, LIMITED PARTNERSHIP		
	2 Trade name of business (if different from name on line 1) ROY'S		3 Executor, trustee, "care of" name
	4a Mailing address (room, apt., suite no. and street, or P.O. box) 2202 North West Shore Blvd.		5a Street address (if different) (Do not enter a P.O. box.)
	4b City, state, and ZIP code Tampa, Florida 33607		5b City, state, and ZIP code
	6 County and state where principal business is located Hillsborough		
	7a Name of principal officer, general partner, grantor, owner, or trustor OS Pacific, Inc.		7b SSN, ITIN, or EIN 59-3595565
8a Type of entity (check only one box)			
<input type="checkbox"/> Sole proprietor (SSN) _____ <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____ <input type="checkbox"/> Personal service corp. <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <input type="checkbox"/> Other (specify) ▶ _____			
<input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (SSN) _____ <input type="checkbox"/> Trust (SSN of grantor) _____ <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises Group Exemption Number (GEN) ▶ _____			
8b If a corporation, name the state or foreign country (if applicable) where incorporated		State	Foreign country
9 Reason for applying (check only one box)			
<input checked="" type="checkbox"/> Started new business (specify type) ▶ _____ <input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Created a pension plan (specify type) ▶ _____			
<input type="checkbox"/> Hired employees (Check the box and see line 12.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶ _____			
10 Date business started or acquired (month, day, year) 7/27/01		11 Closing month of accounting year December	
12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶ na			
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "-0-."		Agricultural	Household
▶ 0		0	0
14 Check one box that best describes the principal activity of your business.			
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input checked="" type="checkbox"/> Retail <input type="checkbox"/> Other (specify) _____			
15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. full service restaurant			
16a Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "Yes," please complete lines 16b and 16c.			
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ _____ Trade name ▶ _____			
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) _____ City and state where filed _____ Previous EIN _____			
Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.		
	Designee's name		Designee's telephone number (include area code)
Address and ZIP code		Designee's fax number (include area code)	
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.			
Name and title (type or print clearly) ▶ Joseph J. Kadow, Vice President		Applicant's telephone number (include area code)	
Signature ▶ 		(813) 288-8286	
Date ▶ 9/24/01		Applicant's fax number (include area code)	
		(813) 281-2114	