

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A32508**

1. Entity Name

**OUTBACK STEAKHOUSE OF SOUTH FLORIDA, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 APR 13 PM 6:51

Principal Place of Business

**550 N. REO STREET, SUITE 200  
TAMPA FL 33609**

Mailing Address

**550 N. REO STREET, SUITE 200  
TAMPA FL 33607-5754**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**2202 North West Shore Boulevard  
Suite, Apt. #, etc.  
5th Floor**

3. Mailing Address

**2202 North West Shore Boulevard  
Suite, Apt. #, etc.  
5th Floor**

City & State  
**Tampa, Florida**

City & State  
**Tampa, Florida**

4. FEI Number **59-3111207**

Applied For  
Not Applicable

**33607** Country **USA**

Zip **33607** Country **USA**

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

6. Name and Address of Current Registered Agent

**KADOW, JOSEPH J  
550 N. REO STREET, SUITE 200  
TAMPA FL 33609**

7. Name and Address of New Registered Agent

Name **Joseph J. Kadow**  
Street Address (P.O. Box Number is Not Acceptable) **2202 North West Shore Boulevard**  
**5th Floor**  
City **Tampa, FL 33607**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record. **\$207,500.00**

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

DOCUMENT # **J89475**  
NAME **OUTBACK STKHSE OF FL, INC**  
STREET ADDRESS **550 N. REO ST., #204**  
CITY - ST - ZIP **TAMPA FL**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS **2202 N. West Shore Blvd., 5th Floor**  
CITY - ST - ZIP **Tampa, Florida 33607**

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**600003219376--9**  
**04/24/00 01013-011**  
**\*\*\*\*526.25 \*\*\*\*526.25**

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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**2/29/00**

**813 642 1235**

CR2E003 (9/99)