

# 2000 UNIFORM BUSINESS REPORT (UBR)

0009410 A

DOCUMENT # **A95000001664**

1. Entity Name

**OUTBACK/BLUEGRASS-I, LIMITED PARTNERSHIP**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 13 PM 6:04



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**550 NORTH REO STREET, SUITE 200  
TAMPA FL 33609**

Mailing Address  
**550 NORTH REO STREET, SUITE 200  
TAMPA FL 33609-1036**

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 **59-3333076**

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  
550 NORTH 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 Zip Code  
**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$250,000.00**

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 #                      | J89475                              | STREET ADDRESS  | 2202 N. West Shore Blvd., 5th Floor |  |
| NAME                            | OUTBACK STEAKHOUSE OF FLORIDA, INC. | CITY - ST - ZIP | Tampa, Florida 33607                |  |
| STREET ADDRESS                  | 550 NORTH REO STREET, SUITE 200     |                 |                                     |  |
| CITY - ST - ZIP                 | TAMPA FL 33609                      |                 |                                     |  |
| DOCUMENT #                      |                                     | STREET ADDRESS  |                                     |  |
| NAME                            |                                     | CITY - ST - ZIP |                                     |  |
| STREET ADDRESS                  |                                     |                 |                                     |  |
| CITY - ST - ZIP                 |                                     |                 |                                     |  |
| DOCUMENT #                      |                                     | STREET ADDRESS  |                                     |  |
| NAME                            |                                     | CITY - ST - ZIP |                                     |  |
| STREET ADDRESS                  |                                     |                 |                                     |  |
| CITY - ST - ZIP                 |                                     |                 |                                     |  |
| DOCUMENT #                      |                                     | STREET ADDRESS  |                                     |  |
| NAME                            |                                     | CITY - ST - ZIP |                                     |  |
| STREET ADDRESS                  |                                     |                 |                                     |  |
| CITY - ST - ZIP                 |                                     |                 |                                     |  |
| DOCUMENT #                      |                                     | STREET ADDRESS  |                                     |  |
| NAME                            |                                     | 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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/27/00

Date

813/2827225

Daytime Phone #

CR2E003 (9/99)