

# 2002 UNIFORM BUSINESS REPORT (UBR)

0004439 AV

DOCUMENT # **A95000001665**

1. Entity Name

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

**FILED**

**02 MAY -1 AM 10:43**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



Principal Place of Business  
**2202 N. WESTSHORE BLVD., 5TH FLOOR  
TAMPA FL 33607**

Mailing Address  
**2202 N. WESTSHORE BLVD., 5TH FLOOR  
TAMPA FL 33607**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3333080**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

DATE

9. Capital Contributions as Shown on record. **\$150,000.00**

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**  
NAME **OUTBACK STEAKHOUSE OF FLORIDA, INC.**  
STREET ADDRESS **2202 N. WESTSHORE BLVD., 5TH FLOOR**  
CITY-ST-ZIP **TAMPA FL 33607**

STREET ADDRESS

CITY-ST-ZIP

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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**

**4-23-02 (813) 282-1225**

Date

Daytime Phone #

CR2E003 (9/01)

SIAPLE CHECK HERE