

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000001666

1. Entity Name

OUTBACK/SHENANDOAH-I, LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 13 PM 6:36



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

City & State
Tampa, Florida

33607

Country

USA

3. Mailing Address

2202 North West Shore Boulevard
Suite, Apt. #, etc.

5th Floor

City & State
Tampa, Florida

33607

Country

USA

4. FEI Number

59-3333081

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

City

5th Floor

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

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.

\$175,000.00

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

DOCUMENT # J89475
NAME OUTBACK STEAKHOUSE OF FLORIDA, INC.
STREET ADDRESS 550 NORTH REO STREET, SUITE 200
CITY - ST - ZIP TAMPA FL 33609

13. ADDRESS CHANGES ONLY

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

DOCUMENT #
NAME
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CITY - ST - ZIP

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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 #

CR2E003 (9/99)