

2000 UNIFORM BUSINESS REPORT (UBR)

K03511 1

DOCUMENT # A95000001816

1. Entity Name
OUTBACK/MISSOURI-II, LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 APR 13 PM 6:26

Principal Place of Business
550 NORTH REO ST.
STE-200
TAMPA FL 33609

Mailing Address
550 NORTH REO ST.
STE-200
TAMPA FL 33609-1036



2. Principal Place of Business
2202 North West Shore Boulevard
Suite, Apt. #, etc.
5th Floor
City & State
Tampa, Florida

3. Mailing Address
2202 North West Shore Boulevard
Suite, Apt. #, etc.
5th Floor
City & State
Tampa, Florida

4. FEI Number 59-3346417

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
KADOW, JOSEPH J
550 NORTH REO ST.
STE. 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: 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

9. Capital Contributions as Shown on record. \$25,000.00

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

BK 4/13

000003219410-2
-04/24/00-01010-023
****263.75 ****263.75

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** 2/29/00 **Daytime Phone #** 813/281225