

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000001880

1. Entity Name

OUTBACK/BAYOU-I, LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 13 PM 6: 02

Principal Place of Business

550 NORTH REO STREET, SUITE 200
TAMPA FL 33609

Mailing Address

550 NORTH REO STREET, SUITE 200
TAMPA FL 33609-1836



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

33607

Country USA

City & State
Tampa, Florida

33607

Country USA

4. FEI Number

59-3392981

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

KADOW, JOSEPH
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

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$125,000.00

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

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

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

STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

BK 4/13

9000003219379--0
-04/24/00--01013--013
****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

2/27/07
Date

813/282 7225
Daytime Phone #

CR2E003 (9/99)