

2000 UNIFORM BUSINESS REPORT (UBR)

004522 AF

DOCUMENT # A95000001887

1. Entity Name
OUTBACK/DENVER-I, LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 13 PM 6:14

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

Mailing Address
**550 NORTH REO STREET, SUITE 200
TAMPA FL 33609-4036**



2. Principal Place of Business
**2202 North West Shore Boulevard
Suite, Apt. #, etc.**

3. Mailing Address
**2202 North West Shore Boulevard
Suite, Apt. #, etc.**

DO NOT WRITE IN THIS SPACE

City & State
Tampa, Florida

City & State
Tampa, Florida

33607 Country USA 33607 Country USA

4. FEI Number **59-3248393**

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 (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. **\$350,000.00**

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	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	2202 N. West Shore Blvd., 5th Floor
CITY - ST - ZIP	Tampa, Florida 33607
STREET ADDRESS	200003223072-2
CITY - ST - ZIP	-04/25/00--01062--010
	****526.25 ****526.25
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
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

2/29/00 813/2821225

Date Daytime Phone #

156(6) 1000 - 1-0