

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000001894**

1. Entity Name

**OUTBACK/WEST FLORIDA-II, LIMITED PARTNERSHIP**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 13 PM 6:45

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**



DO NOT WRITE IN THIS SPACE

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 **59-3351084**

Applied For  
☐ Not Applicable

33607 Country **USA** 33607 Country **USA**

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 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. **\$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**

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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)