

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000000268**

1. Entity Name  
**OUTBACK/NEVADA-I, LIMITED PARTNERSHIP**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 13 PM 6:29

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**

3. Mailing Address  
**2202 North West Shore Boulevard**

Suite, Apt. #, etc.  
**5th Floor**

Suite, Apt. #, etc.  
**5th Floor**

City & State  
**Tampa, Florida**

City & State  
**Tampa, Florida**

4. FEI Number **59-3359893** Applied For  
Not Applicable

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

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 # NAME STREET ADDRESS CITY - ST - ZIP	<b>J89479 OUTBACK STEAKHOUSE OF FLORIDA, INC. 550 NORTH REO STREET, SUITE 200 TAMPA FL 33609</b>
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	<b>2202 N. West Shore Blvd., 5th Floor</b>
CITY - ST - ZIP	<b>Tampa, Florida 33607</b>
STREET ADDRESS	<i>M/K</i>
CITY - ST - ZIP	<i>4/17</i>
STREET ADDRESS	<b>400003217184--1 -04/20/00--01095--023 *****526.25 *****526.25</b>
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

Date **2/29/00** Daytime Phone # **813/2821225**