

# 2001 UNIFORM BUSINESS REPORT (UBR)

0009370 AF

**DOCUMENT # A96000000268**

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

**FILED**

01 APR 24 AM 10:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business: **2202 N. WESTSHORE BLVD., 5TH FLOOR TAMPA FL 33607**

Mailing Address: **2202 N. WESTSHORE BLVD., 5TH FLOOR TAMPA FL 33607**

2. Principal Place of Business: Suite, Apt. #, etc. / City & State / Zip / Country

3. Mailing Address: Suite, Apt. #, etc. / City & State / Zip / Country

4. FEI Number: **59-3359893**

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**  
**2202 N. WESTSHORE BLVD., 5TH FLOOR**  
**TAMPA FL 33607**

7. Name and Address of New Registered Agent

Name: \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_

City: \_\_\_\_\_ **FL** Zip Code: \_\_\_\_\_

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: **\$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 #	<b>J89479</b>
NAME	<b>OUTBACK STEAKHOUSE OF FLORIDA, INC.</b>
STREET ADDRESS	<b>2202 N. WESTSHORE BLVD., 5TH FLOOR</b>
CITY-ST-ZIP	<b>TAMPA FL 33607</b>
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	
CITY-ST-ZIP	
STREET ADDRESS	<b>300004162308--5</b>
CITY-ST-ZIP	<b>-05/08/01--01079--007</b> <b>***526.25 ***526.25</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<i>B/C</i>
CITY-ST-ZIP	<i>4/24</i>
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** **3/23/2001** **813/282-1225**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER: **Joseph J. Kadow, Secretary** Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

CR2E003 (11/00)