

2000 UNIFORM BUSINESS REPORT (UBR)

COM 4324 JV

DOCUMENT # **A96000001020**

1. Entity Name

CARRABBA'S/MID ATLANTIC-I, LIMITED PARTNERSHIP

FILED

00 JUN -2 PM 4: 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

ATTN: J. SKUKALEK
405 N. REO ST., STE. 210
TAMPA FL 33609

Mailing Address

405 NORTH REO STREET, SUITE 210
TAMPA FL 33609-1038

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

Country **USA**

City & State
Tampa, Florida

Zip **33607**

Country **USA**

4. FEI Number

59-3375677

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 **Kadow, Joseph J.**
Street Address (P.O. Box Number is Not Acceptable)
2202 North West Shore Boulevard
5th Floor
City **Tampa, Florida** **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office, registered agent, or both, in the State of **USA**.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$150,000.00

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 # **P95000003626**
NAME **CARRABBA'S ITALIAN GRILL, INC.**
STREET ADDRESS **405 NORTH REO STREET, SUITE 210**
CITY - ST - ZIP **TAMPA FL 33609**

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13. ADDRESS CHANGES ONLY

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

STREET ADDRESS
CITY - ST - ZIP **400003326144-3**
-07/18/00-01033-007
*******88.75 *****88.75**

STREET ADDRESS
CITY - ST - ZIP **400003326144-3**
-07/18/00-01033-008
*******446.25 *****446.25**

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

Daytime Phone #

4.13.00