

# 2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # **A96000001710**

1. Entity Name  
**CARRABBA'S/FIRST COAST, LIMITED PARTNERSHIP**

FILED  
00 JUN -2 PM 4:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**405 NORTH REO STREET, SUITE 210  
ALTA J. SKUKALEK  
TAMPA FL 33609**

Mailing Address  
**405 NORTH REO STREET, SUITE 210  
ALTA J. SKUKALEK  
TAMPA FL 33609-1038**

2. Principal Place of Business  
**1717 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**

City & State  
**Tampa, Florida**

Country **USA**

Country **USA**

4. FEI Number **59-3400608**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KADOW, JOSEPH J**  
**550 NORTH REO STREET, SUITE 200**  
**TAMPA FL 33609**

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 DATE **4.13.00**

(NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions  
as Shown on record. **\$100,000.00**

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

13. ADDRESS CHANGES ONLY

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

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

DOCUMENT # **P96000053722**  
NAME **FIRST COAST RESTAURANT GROUP, INC.**  
STREET ADDRESS **1727 HOLLY OAKS Ravine Drive**  
CITY - ST - ZIP **JACKSONVILLE FL 32225**

STREET ADDRESS  
CITY - ST - ZIP **200003326152--8**  
**07/18/00--01033--017**  
**\*\*\*\*\*446.25 \*\*\*\*\*446.25**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS  
CITY - ST - ZIP **200003326152--8**  
**07/18/00--01033--018**  
**\*\*\*\*\*88.75 \*\*\*\*\*88.75**

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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 #

**4.13.00**

11/16/10 1:20