

# 2002 UNIFORM BUSINESS REPORT (UBR)

0004490 AV

DOCUMENT # A96000001710

1. Entity Name

CARRABBA'S/FIRST COAST, LIMITED PARTNERSHIP

**FILED**  
02 MAY -1 AM 10:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
2202 NORTH WEST SHORE BLVD., 5TH FLOOR  
TAMPA FL 33607

Mailing Address  
2202 NORTH WEST SHORE BLVD., 5TH FLOOR  
TAMPA FL 33607

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**DUE BY MAY 1, 2002**

4. FEI Number 59-3400608

Applied For  
Not Applicable

Zip

Country

Zip

Country

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  
2202 NORTH WEST SHORE BLVD., 5TH FLOOR  
TAMPA FL 33607

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

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

DATE

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 2202 NORTH WEST SHORE BLVD., 5TH FLOOR  
CITY-ST-ZIP TAMPA FL 33607

STREET ADDRESS

CITY-ST-ZIP

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

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 Joseph J. Kadow, Vice President

Date

Daytime Phone #

4/29/02

CR2E003 (9/01)