

# 2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A96000001887

1. Entity Name

OUTBACK/CLEVELAND-II, LIMITED PARTNERSHIP

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 13 PM 6:13



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
550 NORTH RED STREET, SUITE 200  
TAMPA FL 33609

Mailing Address  
~~550 NORTH RED STREET, SUITE 200~~  
~~TAMPA FL 33609-1036~~

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

City & State  
Tampa, Florida

33607 Country USA 33607 Country USA

4. FEI Number 59-3412031 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 RED 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  
5th Floor  
City Tampa 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 (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. \$200,000.00 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 #	J89475	STREET ADDRESS	2202 N. West Shore Blvd., 5th Floor	
NAME	OUTBACK STEAKHOUSE OF FLORIDA, INC.	CITY - ST - ZIP	Tampa, Florida 33607	
STREET ADDRESS	550 NORTH RED STREET, SUITE 200	STREET ADDRESS		
CITY - ST - ZIP	TAMPA FL 33609	CITY - ST - ZIP		
DOCUMENT #		STREET ADDRESS		
NAME		CITY - ST - ZIP		
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NAME		CITY - ST - ZIP		
STREET ADDRESS		STREET ADDRESS		
CITY - ST - ZIP		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 2/25/01 Daytime Phone # 813/2121225

166(6) (2001) F-3