

2000 UNIFORM BUSINESS REPORT (UBR)

UBR 5 A-F

DOCUMENT # A97000001157

1. Entity Name
CARRABBA'S/TEXAS, 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
ATTN: J. SKUKALEK
405 N. REO ST., STE. 210
TAMPA FL 33609-1038



2. Principal Place of Business
2202 N Westshore Blvd
Suite, Apt. #, etc. 5th floor
City & State Tampa FL
Zip 33607 Country USA

3. Mailing Address
2202 N Westshore Blvd
Suite, Apt. #, etc. 5th floor
City & State Tampa FL
Zip 33607 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3309113 **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.
505 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 N Westshore Blvd, 5th Fl
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 *[Signature]* **DATE** 4.13.00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. \$175,000.00

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	STREET ADDRESS	2202 N. West Shore Blvd., 5th Floor
NAME	CARRABBA'S ITALIAN GRILL, INC.	CITY - ST - ZIP	Tampa, Florida 33607
STREET ADDRESS	405 NORTH REO STREET, SUITE 210		
CITY - ST - ZIP	TAMPA FL 33609		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	500003326125-1
STREET ADDRESS			-07/18/00-01033-003
CITY - ST - ZIP			*****88.75 *****88.75
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	500003326125-1
STREET ADDRESS			-07/18/00-01033-004
CITY - ST - ZIP			****446.25 ****446.25
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		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]* **SIGNATURE REQUIRED** **DATE** 4.13.00 **DAYTIME PHONE #**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER