

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000002199**

1. Entity Name

OUTBACK CATERING COMPANY, LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 13 PM 6:54

Principal Place of Business

**550 NORTH REO STREET, SUITE 200
TAMPA FL 33609**

Mailing Address

**550 NORTH REO STREET, SUITE 200
TAMPA FL 33609-1036**



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

33607

Country **USA**

City & State
Tampa, Florida

33607

Country **USA**

4. FEI Number

59-3472937

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number Not Acceptable)

Joseph J. Kadow

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$25,000.00

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 # **J89475**
NAME **OUTBACK STEAKHOUSE OF FLORIDA, INC.**
STREET ADDRESS **550 NORTH REO STREET, SUITE 200**
CITY - ST - ZIP **TAMPA FL 33609**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

2202 N. West Shore Blvd., 5th Floor

CITY - ST - ZIP

Tampa, Florida 33607

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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*******263.75 *****263.75**

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 #

CR2E003 (9/99)