

# 2000 UNIFORM BUSINESS REPORT (UBR)

0003480

DOCUMENT # A98000000536

1. Entity Name  
OUTBACK SPORTS, LTD.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 13 PM 5:22

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



2. Principal Place of Business  
2202 North West Shore Boulevard

3. Mailing Address  
2202 North West Shore Boulevard

DO NOT WRITE IN THIS SPACE

5<sup>th</sup> Floor  
City & State  
Tampa, Florida

5<sup>th</sup> Floor  
City & State  
Tampa, Florida

Zip  
33607

Country  
USA

33607

Country  
USA

4. FEI Number 59-3497427

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 REO 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 N. West Shore Blvd., 5th Floor  
City Tampa, Florida 33607 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 DATE 4/10/00  
(NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. \$1,000.00

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 #	M98000000179	STREET ADDRESS	2202 N. West Shore Blvd., 5th Floor	
NAME	OUTBACK SPORTS, LLC	CITY - ST - ZIP	Tampa, Florida 33607	
STREET ADDRESS	550 NORTH REO STREET, SUITE 200			
CITY - ST - ZIP	TAMPA FL 33609			
DOCUMENT #		STREET ADDRESS		
NAME		CITY - ST - ZIP		
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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: DATE 4/10/00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  
8/13/28/12/25  
Daytime Phone #