

2001 UNIFORM BUSINESS REPORT (UBR)

141-25

0020593 SP

DOCUMENT # A98000000536

1. Entity Name

OUTBACK SPORTS, LTD.

FILED
01 APR -9 AM 10:11:2
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2202 N. WESTSHORE BLVD., 5TH FLOOR
TAMPA FL 33607

Mailing Address
2202 N. WESTSHORE BLVD., 5TH FLOOR
TAMPA FL 33607



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3497427	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KADOW, JOSEPH J 2202 N. WESTSHORE BLVD., 5TH FLOOR TAMPA FL 33607	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. \$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
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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 # NAME STREET ADDRESS CITY - ST - ZIP	M98000000179 OUTBACK SPORTS, LLC 550 NORTH REO STREET, SUITE 200 TAMPA FL 33609	STREET ADDRESS CITY - ST - ZIP	2202 N. Westshore Blvd., 5th Fl Tampa FL 33607
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	000004064300--9 -04/24/01--01082--022 ****141.25 ****141.25
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	<i>h/r</i>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	<i>4/9</i>
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DOCUMENT # NAME STREET ADDRESS 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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	SIGNATURE REQUIRED	3/23/2001 Date	813/282-1225 Daytime Phone #
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Joseph J. Kadow, Secretary

CR2E003 (11/00)