

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000000539

1. Entity Name

OS SUITES, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 13 PM 5:22



DO NOT WRITE IN THIS SPACE

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
5th Floor

3. Mailing Address
2202 North West Shore Boulevard
Suite, Apt. #, etc.
5th Floor

City & State
Tampa, Florida
33607

City & State
Tampa, Florida
33607

4. FEI Number 59-3497432
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
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
Signature, typed or printed name of registered agent and title, applicable (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 #	A98000000539	STREET ADDRESS	
NAME	OUTBACK SPORTS, LTD.	CITY - ST - ZIP	
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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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
Date 4/10/00 817 282 1225 Daytime Phone #

00000000 AF
CR2E003 (9/99)