

# 2002 UNIFORM BUSINESS REPORT (UBR)

0021098 SP

DOCUMENT # **A98000000539**

1. Entity Name  
**OS SUITES, LTD.**

**FILED**  
**02 MAY -1 AM 10:31**  
**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**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

**DUE BY MAY 1, 2002**

City & State  
Zip Country

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**  
**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

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 title if applicable.

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**

**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 # **A98000000536**  
NAME **OUTBACK SPORTS, LTD.**  
STREET ADDRESS **2202 N. WESTSHORE BLVD., 5TH FLOOR**  
CITY-ST-ZIP **TAMPA FL 33607**

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS  
CITY-ST-ZIP

**BK**

**200005537822--6**  
**-05/15/02--01055--028**  
**\*\*\*\*141.25 \*\*\*\*141.25**

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

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

**4-23-02 (813)282-1225**

Date Daytime Phone #

CR2E003 (9/01)