

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000002672**

1. Entity Name

CARRABBA'S/GREAT LAKES-I, LIMITED PARTNERSHIP

FILED

00 JUN -2 PM 4: 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**405 NORTH REO STREET, SUITE 210
TAMPA FL 33609**

Mailing Address
**405 NORTH REO STREET, SUITE 210
TAMPA FL 33609-1038**

2. Principal Place of Business
**2202 North West Shore Boulevard
5th Floor**

3. Mailing Address
**2202 North West Shore Boulevard
5th Floor**

Tampa, Florida
33607
Zip Country **USA**

Tampa, Florida
33607
Zip Country **USA**

4. FEI Number **59-3542931**
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 **Kadow, Joseph J**
Street Address **2202 North West Shore Boulevard**
5th Floor
City **Tampa, Florida**
33607 **USA** **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 (NOTE: Registered Agent signature required when reinstating) DATE **4-13-00**

9. Capital Contributions as Shown on record. **\$75,000.00** 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 #	P95000003626	STREET ADDRESS	2202 N. West Shore Blvd., 5th Floor	
NAME	CARRABBA'S ITALIAN GRILL, INC.	CITY - ST - ZIP	Tampa, Florida 33607	
STREET ADDRESS	405 NORTH REO STREET, SUITE 210			
CITY - ST - ZIP	TAMPA FL 33609			
DOCUMENT #		STREET ADDRESS		
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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CF 13003 (9/99)