

2000 UNIFORM BUSINESS REPORT (UBR)

000470 1A

DOCUMENT # A99000000337

1. Entity Name
OS GOLF MARKETING, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 APR 13 PM 5:19

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 N. West Shore Boulevard
5th Floor
Tampa, Florida**

3. Mailing Address
**2202 N. West Shore Boulevard
5th Floor
Tampa, Florida**

Country **USA** ZIP **33607** Country **USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number ☒ 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
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 (NOTE: Registered Agent signature required when reinstating) DATE **4/10/00**

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 #	A98000000536	STREET ADDRESS	2202 N. West Shore Blvd., 5th Floor
NAME	OUTBACK SPORTS, LTD.	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: **SIGNATURE REQUIRED** DATE **4/10/00** DAYTIME PHONE # **813/2821221**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (9/99)