

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000001444

1. Entity Name
OUTBACK/ATLANTA LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 13 PM 6:01

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
Suite, Apt. #, etc.

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

DO NOT WRITE IN THIS SPACE

5th Floor
City & State
Tampa, Florida

4. FEI Number ☒ Applied For
Not Applicable

33607 Country USA 33607 Country USA

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 North West Shore Boulevard
5th Floor
City Tampa, FL Zip Code 33607

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. \$25,000.00

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 # | J89475 | STREET ADDRESS | 2202 N. West Shore Blvd., 5th Floor | |
| NAME | OUTBACK STEAKHOUSE OF FLORIDA, INC. | CITY - ST - ZIP | Tampa, Florida 33607 | |
| STREET ADDRESS | 550 NORTH REO STREET, SUITE 200 | | | |
| CITY - ST - ZIP | TAMPA FL 33609 | | | |
| DOCUMENT # | F99000004555 | STREET ADDRESS | | |
| NAME | PSL ENTERPRISES, INC. | CITY - ST - ZIP | | |
| STREET ADDRESS | 1227 ANDERSON HIGHWAY | | | |
| CITY - ST - ZIP | CUMBERLAND VA 23040 | | | |
| DOCUMENT # | | STREET ADDRESS | | |
| NAME | | CITY - ST - ZIP | | |
| STREET ADDRESS | | | | |
| CITY - ST - ZIP | | | | |
| DOCUMENT # | | STREET ADDRESS | | |
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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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
Date 2/29/00 Daytime Phone # 813 620 1000

CR2E003 (9/99)