

2000 UNIFORM BUSINESS REPORT (UBR)

CR2E003 (9/99)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 13 PM 6:30



DO NOT WRITE IN THIS SPACE

DOCUMENT # A99000001456

1. Entity Name
OUTBACK/NEW ENGLAND-I, LIMITED PARTNERSHIP

Principal Place of Business
**50 NORTH REO STREET, SUITE 200
TAMPA FL 33609**

Mailing Address
**50 NORTH REO STREET, SUITE 200
TAMPA FL 33609**

2. Principal Place of Business
**2202 North West Shore Boulevard
Suite, Apt. #, etc.
5th Floor
Tampa, Florida**

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

4. FEI Number
33607

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**KADOW, JOSEPH J
50 NORTH REO STREET, SUITE 200
TAMPA FL 33609**

7. Name and Address of New Registered Agent
**Joseph J. Kadow
2202 North West Shore Boulevard
5th Floor
Tampa, FL 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 *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. **\$475,000.00**

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 #	P39684
NAME	OUTBACK STEAKHOUSE OF FLORIDA, INC.
STREET ADDRESS	50 NORTH REO STREET, SUITE 200
CITY - ST - ZIP	TAMPA FL 33609
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
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CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	2202 N. West Shore Blvd., 5th Floor
CITY - ST - ZIP	Tampa, Florida 33607
STREET ADDRESS	800003218068--1
CITY - ST - ZIP	04/21/00-01015--007 ****526.25 ****526.25
STREET ADDRESS	<i>[Signature]</i> 4/13
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]* SIGNATURE REQUIRED

2/29/00 83601225

Date Daytime Phone #