

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000001458**

1. Entity Name

**OUTBACK/NEW ENGLAND-II, LIMITED PARTNERSHIP**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 APR 13 PM 6:31

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.

**5th Floor**  
City & State

**Tampa, Florida**

**Zip**  
**33607**

Country

**USA**

3. Mailing Address

**2202 North West Shore Boulevard**

Suite, Apt. #, etc.

**5th Floor**

City & State

**Tampa, Florida**

**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

**Joseph J. Kadow**

Street Address (P.O. Box Number is Not Acceptable)

**2202 North West Shore Boulevard**

**5th Floor**

City

**Tampa,**

**FL**

**Zip**  
**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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

**\$0.00**

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 # **J89475**  
NAME **OUTBACK STEAKHOUSE OF FLORIDA, INC.**  
STREET ADDRESS **550 NORTH REO STREET, SUITE 200**  
CITY - ST - ZIP **TAMPA FL 33609**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
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

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

Date

Daytime Phone #

CR2E003 (9/99)