

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000001496

1. Entity Name
OUTBACK CATERING COMPANY-VA, LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 APR 13 PM 6:57

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

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 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 **DATE**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			13. ADDRESS CHANGES ONLY	
DOCUMENT #	P98000107973	STREET ADDRESS	2202 N. West Shore Blvd., 5th Floor	
NAME	OUTBACK CATERING, INC.	CITY - ST - ZIP	Tampa, Florida 33607	
STREET ADDRESS	550 NORTH REO STREET, SUITE 200			
CITY - ST - ZIP	TAMPA FL 33609			
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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** **DATE** 2/29/00 **DAYTIME PHONE #** 813 612 1255

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (9/99)