

2000 UNIFORM BUSINESS REPORT (UBR)

0007742 AF

DOCUMENT # L99000006081

1. Entity Name
OS DEVELOPERS, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 APR 13 PM 5:57

Principal Place of Business Mailing Address
C/O OUTBACK STEAKHOUSE OF FLORIDA, INC. C/O OUTBACK STEAKHOUSE OF FLORIDA, INC.
550 NORTH REO STREET, SUITE 200 550 NORTH REO STREET, SUITE 200
TAMPA FL 33609-1050 TAMPA FL 33609-1036



2. Principal Place of Business. 3. Mailing Address
2202 North West Shore Boulevard 2202 North West Shore Boulevard
Suite, Apt. #, etc. Suite, Apt. #, etc.
5th Floor 5th Floor
City & State City & State
Tampa, Florida Tampa, Florida

DO NOT WRITE IN THIS SPACE

33607 Country USA 33607 Country USA 4. FEI Number ☒ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
Name
KADOW, JOSEPH J Joseph I. Kadow
550 NORTH REO STREET, SUITE 200 Street Address (P.O. Box Number is Not Acceptable)
TAMPA FL 33609-1050 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 4/6/00
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM OUTBACK STEAKHOUSE OF FLORIDA, INC. 550 NORTH REO STREET, SUITE 200 TAMPA FL 33609-1050	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	2202 N. West Shore Blvd., 5th Floor Tampa, Florida 33607	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	100003218041-5 -04/21/00--01014--002 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	BPC 4/13	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED 4/6/00 813/282-7205
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)