

2002 UNIFORM BUSINESS REPORT (UBR)

0018357

DOCUMENT # M00000000653

1. Entity Name

OUTBACK/FLEMING'S, LLC

Principal Place of Business

2202 NORTH WESTSHORE BLVD., 5TH FLOOR
TAMPA FL 33607

Mailing Address

2202 NORTH WESTSHORE BLVD., 5TH FLOOR
TAMPA FL 33607

FILED

02 MAY -1 AM 10:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3599793

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KADOW, JOSEPH J
2202 NORTH WESTSHORE BLVD., 5TH FLOOR
TAMPA FL 33607

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

500005538495--7
-05/16/02--01003--022
*****50.00 *****50.00

9. MANAGING MEMBERS / MANAGERS

TITLE MGR
NAME ALLEN, A. WILLIAM III
STREET ADDRESS 455 NEWPORT CENTER DRIVE
CITY-ST-ZIP NEWPORT BEACH CA 92660 ☐ Delete

TITLE MGR
NAME FLEMING, PAUL M
STREET ADDRESS 7150 EAST CAMELBACK ROAD, SUITE 239
CITY-ST-ZIP SCOTTSDALE AZ 85251 ☐ Delete

TITLE MGR
NAME O'DONNELL, MICHAEL
STREET ADDRESS 2202 NORTH WESTSHORE BLVD., 5TH FLOOR
CITY-ST-ZIP TAMPA FL 33607 ☐ Delete

TITLE MGR
NAME SULLIVAN, CHRIS T
STREET ADDRESS 2202 NORTH WESTSHORE BLVD., 5TH FLOOR
CITY-ST-ZIP TAMPA FL 33607 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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

Joseph J. Kadow, Vice President

4/29/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CP2E083 (9/01)