

# 2002 UNIFORM BUSINESS REPORT (UBR)

0018427

DOCUMENT # M98000000179

1. Entity Name

OUTBACK SPORTS, LLC

FILED

02 MAY -1 AM 10:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
2202 N. WESTSHORE BLVD., 5TH FLOOR 2202 N. WESTSHORE BLVD., 5TH FLOOR  
TAMPA FL 33607 TAMPA FL 33607

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3514778

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

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

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

400005537764--8  
-05/15/02--01055--008  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

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

TITLE MGR ☐ Delete  
NAME BASHAM, ROBERT D  
STREET ADDRESS 2202 N. WESTSHORE BLVD., 5TH FLOOR  
CITY-ST-ZIP TAMPA FL 33607

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

TITLE MGR ☐ Delete  
NAME MERRITT, ROBERT S  
STREET ADDRESS 2202 N. WESTSHORE BLVD., 5TH FLOOR  
CITY-ST-ZIP TAMPA FL 33607

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

TITLE MGR ☐ Delete  
NAME GANNON, J. TIM  
STREET ADDRESS 2202 N. WESTSHORE BLVD., 5TH FLOOR  
CITY-ST-ZIP TAMPA FL 33607

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

4-23-02 (813) 282-1225

CR2E083 (9/01)