2000	OHIFONIAI BOSI	NESS REPO		CODE	<u>, </u>				
DOCUMENT # P39684 1. Entity Name						SECRETARY OF STATE OF CORPORATION	ıc		
OUTBACK STEAKHOUSE, INC.					ļ	•	, 3		
						00 APR 13 PM 5: 43			
Principal Place		Mailing Address			ļ				
N. REO ST.		550 N. RED ST. SUITE 200							
1 answa FF 3360	9	TAMP A-FL 33507-5754 US				 			
2. Principal P 2202 Nort	lace of Business th West Shore Boulevard	3. Mailing Address 2202 North West Shore Boulevard			ırd				
Suite, Apt. 5th Floor	#, etc.	Suite, Apt. #, etc. 5th Floor				DO NOT WRITE IN TH	S SPACE		
Tampa, F		Tampa, Florida		10.4	4. FEI Number 59-3061413	-	Applied For Not Applicable		
33697 Country USA		33607 Country		itry	JSA	5. Certificate of Status Desired	\$8.75 Fee Requ	Additional uired	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registere	d Agent_		
				Name Joseph J. Kadow					
	OW, JOSEPH NORTH REO STREET			Street Address (P.O. Box Number is Not Acceptable) 2202 North West Shore Boulevard					
SUITI	E 200					· 5th Floor			
TAM	PA_FL-33609	City		City		Tampa, F	Zip C	ode 33607	
8. The above	named entity submits this statement for	the purpose of changing its	registere	ed office or re	egistere	d agent, or hot in the fire !			
	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	////				-04/24/00-; ****150 £0 (//#*** 	•=008 £150.00 -	
SIGNATURE .	Signature, typed or prized name of registered agent a	ind title epplicable. (NOT	E: Registere	ed Agent signature	required t				
9. This corporation is slighble to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! FE After MAY 1, 2000 Fe Make Check Payable to			00 Fee	will be \$550	0.00	10. Election Campaign Financing Trust Fund Contribution.		5.00 May Be ided to Fees	
11.	OFFICERS AND I	DIRECTORS	12.			ADDITIONS/CHANGES TO OFFICERS A			
TITLE NAME	CD Sullivan, Chris T	☐ Delete	TITLI NAM	ա 1		15/C 4115	☑ Chan	ge	
STREET ADDRESS	550 N. REO ST., #2047		STRE	EET ADDRESS 2		N. West Shore Blvd., 5th Floo	r		
CITY-ST-ZIP	TAMPA FL		-1		ı amp	a, Florida 33607	Chang	ge Addition	
TITLE NAME	PD Basham, Robert D	☐ Delete	TITLI	1E				ile 🗀 vocinion	
STREET ADDRESS	550 N. REO ST., #204					N. West-Shore Blvd., 5th Floo oa, Florida 33607	r		
CITY-ST-ZIP TITLE	TAMPA FL	Delete	TITL		1 ann	74, Florida 55007	[] Chan	ge	
NAME	KADOW, JOESPH J	C Delete	NAM	1		•		.	
STREET ADDRESS CITY-ST-ZIP	550 NORTH REO STREET, SUITE	200		EET ADDRESS '-ST-ZIP		N. West Shore Blvd., 5th Flo	or		
TITLE	TAMPA FL 33609		TITL		<u>i am</u>	pa, Florida 33607	Спал	ige Addition	
NAME	FLOM, EDWARD L		NAM	Æ '	່ ລວດວ	N. West Shore Blvd., 5th Flo	or	1	
STREET ADDRESS CITY-ST-ZIP	5 50 N. REO ST., #2 04 TAMPA FL 33690					pa, Florida 33607			
TITLE	VD	☐ Delete	TITL				Chan	ge Addition	
NAME ·	GANNON, J. TIMOTHY		NAM		2202	N. West Shore Blvd., 5th Floo	ንድ		
STREET ADDRESS CITY-2T-ZIP	5 50 N. REO ST., #2 04 TAMPA FL 33609					va, Florida 33607	n /		
TITLE	SVTD	☐ Delete	TITU	 		<u> </u>	☐ Chan	ge	
NAME STREET ADDRESS	MERRITT, ROBERT S 550 N. REO ST., #204		NAM STRE		2202	N. West Shore Blvd., 5th Floo)r		
	, also so some a serio a mast			1 '	~	•			

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as fequired by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE AND THE STATE AND THE S

SIGNATURE AND TYPED OR PRINTER NAME OF PONING OFFICER OR DIRECTOR

2/29/01 1/3/29/300 Date Daytime Phone #