

2000 UNIFORM BUSINESS REPORT (UBR)

0417887

DOCUMENT # P39684

1. Entity Name
OUTBACK STEAKHOUSE, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 APR 13 PM 5:43

Principal Place of Business
**550 N. REO ST.
SUITE 200
TAMPA FL 33609**

Mailing Address
**550 N. REO ST.
SUITE 200
TAMPA FL 33607-5754
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
**2202 North West Shore Boulevard
Suite, Apt. #, etc.
5th Floor
Tampa, Florida
33607**

3. Mailing Address
**2202 North West Shore Boulevard
Suite, Apt. #, etc.
5th Floor
Tampa, Florida
33607**

Country **USA**

4. FEI Number **59-3061413**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**KADOW, JOSEPH
550 NORTH REO STREET
SUITE 200
TAMPA FL 33609**

7. Name and Address of New Registered Agent
**Joseph J. Kadow
2202 North West Shore Boulevard
5th Floor
Tampa, FL 33607**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in this State of Florida.
SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE **04/24/00**
*****150.00/*****150.00

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐
**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> Delete
NAME	SULLIVAN, CHRIS T	
STREET ADDRESS	550 N. REO ST., #204	
CITY-ST-ZIP	TAMPA FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BASHAM, ROBERT D	
STREET ADDRESS	550 N. REO ST., #204	
CITY-ST-ZIP	TAMPA FL	
TITLE	VS	<input type="checkbox"/> Delete
NAME	KADOW, JOESPH J	
STREET ADDRESS	550 NORTH REO STREET, SUITE 200	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	D	<input type="checkbox"/> Delete
NAME	FLOM, EDWARD L	
STREET ADDRESS	550 N. REO ST., #204	
CITY-ST-ZIP	TAMPA FL 33690	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GANNON, J. TIMOTHY	
STREET ADDRESS	550 N. REO ST., #204	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	SVTD	<input type="checkbox"/> Delete
NAME	MERRITT, ROBERT S	
STREET ADDRESS	550 N. REO ST., #204	
CITY-ST-ZIP	TAMPA FL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		2202 N. West Shore Blvd., 5th Floor	Tampa, Florida 33607	
		2202 N. West Shore Blvd., 5th Floor	Tampa, Florida 33607	
		2202 N. West Shore Blvd., 5th Floor	Tampa, Florida 33607	
		2202 N. West Shore Blvd., 5th Floor	Tampa, Florida 33607	
		2202 N. West Shore Blvd., 5th Floor	Tampa, Florida 33607	
		2202 N. West Shore Blvd., 5th Floor	Tampa, Florida 33607	

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 oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DATE: **2/29/00** DAYTIME PHONE #: **813/212-1220**