

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000003626

1. Entity Name

CARRABBA'S ITALIAN GRILL, INC.

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90131 043 \*\*\*158.75

Principal Place of Business

Mailing Address

405 NORTH REO STREET  
SUITE 210  
TAMPA FL 33609

405 NORTH REO STREET  
SUITE 210  
TAMPA FL 33607-5754  
US

2. Principal Place of Business

2202 N Westshore Blvd

3. Mailing Address

2202 N Westshore Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5th Floor

5th FL

City & State

City & State

Tampa FL

Tampa, FL

Zip

Country

33607

USA

Zip

Country

33607

USA

4. FEI Number

59-3295193

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KADOW, JOSEPH J  
550 N REO ST  
SUITE 204  
TAMPA FL 33609

Name Kadow, Joseph J  
2202 N. West Shore Blvd., 5th Floor

Street Address (P.O. Box Number is Not Acceptable)  
Tampa, Florida 33607

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

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.  
(See criteria on back)

☐

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	SULLIVAN, CHRIST T	
STREET ADDRESS	550 N REO ST SUITE 204	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	D	<input type="checkbox"/> Delete
NAME	BASHAM, ROBERT D	
STREET ADDRESS	550 N REO ST SUITE 204	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	D	<input type="checkbox"/> Delete
NAME	GANNON, J. TIMOTHY	
STREET ADDRESS	550 N REO ST SUITE 204	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	D	<input type="checkbox"/> Delete
NAME	MERRITT, ROBERT S	
STREET ADDRESS	550 NORTH REO STREET SUITE 20	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SAHLSTEN, CARL	
STREET ADDRESS	550 NORTH REO STREET SUITE 204	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2202 N. West Shore Blvd., 5th Floor	
STREET ADDRESS	Tampa, Florida 33607	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2202 N. West Shore Blvd., 5th Floor	
STREET ADDRESS	Tampa, Florida 33607	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2202 N. West Shore Blvd., 5th Floor	
STREET ADDRESS	Tampa, Florida 33607	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2202 N. West Shore Blvd., 5th Floor	
STREET ADDRESS	Tampa, Florida 33607	
CITY-ST-ZIP		
TITLE	V/S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kadow, Joseph J.	
STREET ADDRESS	2202 N Westshore Blvd. 5th FL.	
CITY-ST-ZIP	Tampa FL 33607	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shlemon, Steve	
STREET ADDRESS	2202 N. West Shore Blvd., 5th Floor	
CITY-ST-ZIP	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:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)