

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 11, 2001 8:00 am**
Secretary of State

05-11-2001 90053 037 ***158.75

DOCUMENT # P95000003626

1. Entity Name

CARRABBA'S ITALIAN GRILL, INC.

Principal Place of Business

**2202 N. WESTSHORE BLVD
5TH FLR
TAMPA FL 33607
US**

Mailing Address

**2202 N. WESTSHORE BLVD
5TH FLR
TAMPA FL 33607
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3295193**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** 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 FLR
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

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, 2001 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	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	D	<input type="checkbox"/> Delete	SULLIVAN, CHRIST T		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
	2202 N. WEST SHORE BLVD -5TH FLR		TAMPA FL 33609				
	D	<input type="checkbox"/> Delete	BASHAM, ROBERT D		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
	2202 N. WEST SHORE BLVD -5TH FLR		TAMPA FL 33609				
	D	<input type="checkbox"/> Delete	GANNON, J. TIMOTHY		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
	2202 N. WEST SHORE BLVD -5TH FLR		TAMPA FL 33609				
	D	<input type="checkbox"/> Delete	MERRITT, ROBERT S		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
	2202 N. WEST SHORE BLVD -5TH FLR		TAMPA FL 33609				
	VS	<input type="checkbox"/> Delete	KADOW, JOSEPH J		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
	2202 N. WEST SHORE BLVD -5TH FLR		TAMPA FL 33609				
	V	<input type="checkbox"/> Delete	SHLEMON, STEVE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
	2202 N. WEST SHORE BLVD -5TH FLR		TAMPA FL 33609				

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)