## 2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P95000037533  1. Entity Name OUTBACK STEAKHOUSE INTERNATIONAL, INC.										FIRE	D Se c-tat	F.		
										SECRETARY DIVISION OF CO	RPORAT	ions		
Principal Place	e of Business	Mailing Addr	ailing Address					00 APR 13 F	M 5: 4	Ż				
NORTH REO STREET, SUITE 200 EL 33609				550 NORTH REO STREET. SUITE 200 TAMPA FL 33609-1036				ļ						
2. Principal P	lace of Busir	ess	<u> </u>	3. Mailing Address										
2202. No Suite, Apt. 5th Floo		2202 North West Shore Boulevard  5th Floor				ard		DO NOT WRIT	E IN THIS S	PACE		_		
City & State		City & State					4. F	El Number 59-3308620	 }	<del></del>	oplied For	]		
Tampa, Florida 38607 Country USA				Tampa, Florida  Zipoz Countr			trv _					\$8.75 Add	ot Applicable	1
	35007 OSA		33607		· (	JSA		Certificate of Status Desired		ee Require		⇃		
6. Name and Address of Current Registered Agent									7. N	ame and Address of New R	egistered A	gent		-
KADOW, JOSEPH J 5 <del>50 NORTH REO STREET, SUI</del> TE 200							Name Street A	Joseph J. Kadow  Idress (P.O. Box Number is Not Acceptable)  2202 North West Shore Boulevard						
	PA FL 3360					1	5th Floor					]		
					/		City			Tampa,	FL	Zip Cod	<del>ദ</del> 3607	1
8. The above	named entit	y submits this st	atement for	the purpose of	cycling its re	egistere	ed office or	registere	d age	ent, or both, in the State of Fic		<del>.  </del>		7
SIGNATURE _	Signature, typed	or printed name of yeg	gistered agent	title applyable.	(NOTE: I	Registered	d Agent signati	ure required w	vhen rei	instating)	4/6 DATE	100		
	oration is elig equirement a ria on back)	Afte	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Stat			e	10. Election Campaign Fin Trust Fund Contribution			<b>0</b> May Be d to Fees				
11.		OFFIC	ERS AND D			12.			ADI	DITIONS/CHANGES TO OFF	ICERS AND			<u>ا</u> ۔
TITLE	CD Delete					TITLE NAM			3K 4h3 (3Change [				☐ Addition	00/0
NAME STREET ADDRESS CITY-ST-ZIP	Sullivan, Chris T <del>550 North Reo Street, Suite</del> 200 T <del>ampa Fl.</del>						ET ADDRESS - ST- ZIP		202 N. West Shore Blvd., 5th Floor Campa, Florida 33607					2E034
TITLE	PD	<del></del> -			] Delete	TITLE		- 1 411	ıγ.	1101144 3300		Change	☐ Addition	18
NAME	Basham, Robert D						E	2202	N	West Shore Blvd., 5	th Floor			
STREET ADDRESS CITY-ST-ZIP	-ZIP TAMPA FL						ET ADDRESS - ST-ZIP			Florida 33607		<u>,                                     </u>		
TITLE NAME	SRVD Delete GANNON, TIMOTHY J						<u>:</u> F	-				Change	☐ Addition	
STREET ADDRESS :	550 NORTH-REO STREET, SUITE-200						ET ADDRESS - ST-ZIP	1		Vest Shore Blvd., 5th Iorida 33607	Floor			
TITLE	SVDT				] Delete	TITLE				ă.		Change	Addition	1
NAME STREET ADDRESS	MERRITT, ROBERT S 550 NORTH REO STREET, SUITE 200							2202 1	N. V	West Shore Blvd., 5tl	n Floor			1
CITY-ST-ZIP							-ST-ZIP	1		lorida 33607				_
TITLE	VS				Delete	TITLE					<u>-</u>	Change	☐ Addition	7
NAME STREET AODRESS	KADOW,	Joseph <del>Th reo stre</del>	ET-#200			NAM	e Et address	2202	N. V	West Shore Blvd., 5th	h Floor			-
CITY-ST-ZIP	TAMPÁ F		E1 #200			1	-ST-ZIP	1		lorida 33607				
TITLE					] Delete	TITLE	<del></del> _			100000	210	Change	Addition	7
NAME						NAM	e Et address			100003	7000	1003	007	
							-ST-ZIP			****1	50.00	****1	50.00	
13. I hereby of indicated of the corporated	certify that the on this reportion or the or on an attention or the or on an attention or the or on an attention or on attention or other or	e information surt or supplement	pplied with tal report is tustee empoy	this filing does it true and accura wered to execu- th all other like	not qualify for that my that m	he exe / signal s requi	mption sta ture shall h red by Cha	ted in Sec ave the sapter 607,	ction 1 ame le Floric	119.07(3)(i), Florida Statutes. egal effect as if made under of da Statutes; and that my nam	I further cer bath; that I a e appears in	tify that the in im an officer in Block 11 o	nformation or director r Block 12 if	
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 changed, or on an attachment with an address, with all other like empowered.  SIGNATURE:  SIGNATURE SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Date														
														_1