

# 2000 UNIFORM BUSINESS REPORT (UBR)

0405634

DOCUMENT # P95000037533

1. Entity Name

OUTBACK STEAKHOUSE INTERNATIONAL, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 13 PM 5:42

Principal Place of Business

Mailing Address

2202 NORTH REO STREET, SUITE 200  
FL 33609

550 NORTH REO STREET, SUITE 200  
TAMPA FL 33609-1036

2. Principal Place of Business

3. Mailing Address

2202 North West Shore Boulevard  
Suite, Apt. #, etc.

2202 North West Shore Boulevard  
Suite, Apt. #, etc.

5th Floor

5th Floor

City & State  
Tampa, Florida

City & State  
Tampa, Florida

33607

Country

USA

33607

Country

USA

4. FEI Number 59-3308620

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  
550 NORTH REO STREET, SUITE 200  
TAMPA FL 33609

Name Joseph J. Kadow  
Street Address (P.O. Box Number is Not Acceptable) 2202 North West Shore Boulevard  
5th Floor  
City Tampa, FL Zip Code 33607

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

4/6/00

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 NAME STREET ADDRESS CITY-ST-ZIP	CD SULLIVAN, CHRIS T 550 NORTH REO STREET, SUITE 200 TAMPA FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3K 4/13 2202 N. West Shore Blvd., 5th Floor Tampa, Florida 33607	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BASHAM, ROBERT D 550 NORTH REO STREET, SUITE 200 TAMPA FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2202 N. West Shore Blvd., 5th Floor Tampa, Florida 33607	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRVD GANNON, TIMOTHY J 550 NORTH REO STREET, SUITE 200 TAMPA FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2202 N. West Shore Blvd., 5th Floor Tampa, Florida 33607	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVDT MERRITT, ROBERT S 550 NORTH REO STREET, SUITE 200 TAMPA FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2202 N. West Shore Blvd., 5th Floor Tampa, Florida 33607	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS KADOW, JOSEPH 550 NORTH REO STREET #200 TAMPA FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2202 N. West Shore Blvd., 5th Floor Tampa, Florida 33607	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1000032191 -04/24/00--01003--007 ***150.00 ***150.00	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 (9/99)