

2000 UNIFORM BUSINESS REPORT (UBR)

0405296

DOCUMENT # P95000052154

1. Entity Name
OUTBACK STEAKHOUSE PARTNERS, INC.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 00 APR 13 PM 5:47

Principal Place of Business Mailing Address
~~550 NORTH REO STREET, SUITE 200~~ ~~550 NORTH REO STREET, SUITE 200~~
~~TAMPA FL 33609~~ ~~TAMPA FL 33609-1036~~

2. Principal Place of Business 3. Mailing Address
7702 North West Shore Boulevard **2202 North West Shore Boulevard**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
5th Floor **5th Floor**
 City & State City & State
Tampa, Florida **Tampa, Florida**



DO NOT WRITE IN THIS SPACE

3. Principal Place of Business 4. FEI Number Applied For
33607 **65-6180717** ☐ **\$8.75** Additional
 Country **USA** Not Applicable
 Country **USA**

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

7. Name and Address of New Registered Agent
 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 DATE **4/6/00**
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
 (See criteria on back) **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 NORTH REO STREET, SUITE 200	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	PD <input type="checkbox"/> Delete	
NAME	BASHAM, ROBERT D	
STREET ADDRESS	550 NORTH REO STREET, SUITE 200	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	VD <input type="checkbox"/> Delete	
NAME	GANNON, TIMOTHY J	
STREET ADDRESS	550 NORTH REO STREET, SUITE 200	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	VTD <input type="checkbox"/> Delete	
NAME	MERRITT, ROBERT S	
STREET ADDRESS	550 NORTH REO STREET, SUITE 200	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	S <input type="checkbox"/> Delete	
NAME	KADOW, JOSEPH J	
STREET ADDRESS	550 NORTH REO STREET, SUITE 200	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<input checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	300003215203	
STREET ADDRESS	-04/24/00--01003--010	
CITY-ST-ZIP	****150.00 ****150.00	

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 REQUIRED** **2/49/00** **813 682 025**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #