## **2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # A24431 COUNTY Name  DON CARTER'S ALL STAR LANES - PBC, LTD.								j	$\mathcal{A}$		6788
							FILED .				
Principal Place of Business 6591 MILITARY TRAIL LAKE WORTH FL 33463			Mailing Address 1389 N.W. 136TH AVENUE SUNRISE FL 33323			O1 APR 16 AM IO: 17  SECRETARY OF STATE TALLAHASSEE, FLORIDA					
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State			City & State		4. FEI Number	59-2860140			pplied For lot Applicable		
Zip Country			Zip Coun		itry	5. Certificate of	of Status Desired		8.75 Ad ee Require	lditional	
6. Name and Address of Current Registered Agent					Name	7. Name and Address of New Registered Agent					
ISAN, JERRY B. 1389 N.W. 136TH AVENUE					Street Address (	Address (P.O. Box Number is Not Acceptable)					
SUNRISE FL 33323											
					City			FL	Zip Cod	de	1
9. Capital Contributions as Shown on record.  \$2,052,300.00  10. Amount of Capital on FLORIDA to date A GENERAL PARTNER THAT IS A BUSINESS ENTI				al Contrib ate.	pistered Agent signature required when reinstating)  Ontributions  11. MAKE CHECK PAYABLE TO DEPT. OF SEE REVERSE SIDE FOR FEE INFOR  Y MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  orm; an amendment must be filed to change a general partner.						
12.	NOTE:	GENERAL PARTNER		13.	; an amendmen	t must be med	ADDRESS CHAN				_
DOCUMENT # NAME	CARTER, D				ET ADDRESS					•	2E003 (11/00)
STREET ADDRESS CITY-ST-ZIP	9895 S.W. MIAMI FL	96TH ST.			-ST-ZIP .	<del> </del>				(2E003	
DOCUMENT # NAME STREET ADDRESS	ROSE, BUF			STRE	ET ADDRESS		05/03/0 -05/03/0 ****526	)101 5.25	0471 ****5	018 <del>26.25</del>	8
CITY-ST-ZIP	5580 MONI SYLVANIA		<del> </del>		-ST-ZIP						
NAME Street address City-St-Zip	ISAN, JERF 2420 NE 21 LIGHTHOU		•		ET ADDRESS ST-ZIP						
	POWELL, J			STRE	ET ADDRESS						
CITY-ST-ZIP	Y-ST-ZIP MAUMEE OH			CITY-	ST-ZIP						_
DOCUMENT <b>#</b> NAME				STRE	ET ADDRESS						
STREET ADDRESS CITY-ST-ZIP				CITY-	ST-ZIP						
DOCUMENT # NAME				STREE	ET ADDRESS						
TREET ADDRESS  ITY-ST-ZIP  4. I hereby certify that the information supplied with this filling does not qualify for the					ST-ZIP						
14. I hereby of indicated the receiv	ertity that the on this report er or trustee s	information supplied with the is true and accurate and the empowered to execute this re	is filing does not qualify for at my signature shall have t	the exer	nption stated in Sec legal effect as if m	ction 119.07(3)(i), ade under oath; t	Florida Statutes. I fu hat I am a General P	rther certify artner of the	that the in e limited p	nformation artnership or	

SIGNATURE:

Jerry Isan

4/13/01 (954)846-8400 Date Daytime Phone #