

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A04258**

1. Entity Name

DON CARTER LANES OF FLORIDA, LIMITED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

NOV 26 AM 3:05

Principal Place of Business

Mailing Address

**8501 N. UNIVERSITY DRIVE
TAMPA FL 33313**

**1389 N.W. 136TH AVENUE
SUNRISE, FLORIDA
33323**

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

59-1579106

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STRICTROOT, JOHN C.
25 W. Flagler St.
5th Floor, CITY NATIONAL BANK BUILDING
Miami, FL 33130**

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. Capital Contributions--

as Shown on record. **\$560,000.00**

10. Amount of Capital Contributions--

in FLORIDA to date. **\$560,000.00**

**11- MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME **POWELL, JOHN JR**
STREET ADDRESS **6639 EMBASSY COURT**
CITY-ST-ZIP **MAUMEE OH**

STREET ADDRESS **900003264279--6**
CITY-ST-ZIP **-05/23/00--01122--006**
******526.25 ****526.25**

DOCUMENT #
NAME **ROSE, BURTON**
STREET ADDRESS **5500 MONROE ST.**
CITY-ST-ZIP **SYLVANIA, OH**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME **ISAN, JERRY B**
STREET ADDRESS **2420 NE 27TH ST**
CITY-ST-ZIP **LIGHTHOUSE POINT FL**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

Jerry Isan/ps

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Jerry ISAN

4/25/00

Date

(954)846-8400

Daytime Phone #

CR2E003 (9/99)