

# 2001 UNIFORM BUSINESS REPORT (UBR)

0006782 AF

DOCUMENT # **A04258**

1. Entity Name

**DON CARTER LANES OF FLORIDA, LIMITED**

Principal Place of Business

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

Mailing Address

**1389 N.W. 136TH AVE.  
SUNRISE FL 33313**

**FILED**

**01 APR 18 PM 12:16**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1579106**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**STRICKROOT, JOHN C.  
FIFTH FLOOR, CITY NATIONAL BANK BUILDING  
25 WEST FLAGLER STREET  
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  
STREET ADDRESS  
CITY - ST - ZIP  
**POWELL, JOHN JR.  
6639 EMBASSY COURT  
MAUMEE OH**

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**ROSE, BURTON  
5580 MONROE ST.  
SYLVANIA OH**

STREET ADDRESS

CITY - ST - ZIP

**6088884184136-3**  
**-05/01/01--01115--031**  
**\*\*\*\*526.25 \*\*\*\*526.25**

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

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**Jerry Isan**

**4/13/01**

Date

**(954) 846-8400**

Daytime Phone #

CR2E003 (11/00)