

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0011370 AT

DOCUMENT # **A04258**

1. Entity Name  
**DON CARTER LANES OF FLORIDA, LIMITED**



**FILED**

03 APR 24 AM 11:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**8501 N. UNIVERSITY DRIVE  
TAMARAC FL 33313**

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

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**DUE BY MAY 1, 2003**

4. FEI Number **59-1579106**

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

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

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 FL. 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

**400016818534  
04/24/03--01005--012 #526.25**

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

STREET ADDRESS

CITY-ST-ZIP

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

STREET ADDRESS

CITY-ST-ZIP

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NAME  
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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: *Jerry Isan* **SIGNATURE REQUIRED** Jerry Isan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**04-16-03 (954)846-8400**

Date

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE