

# 2000 UNIFORM BUSINESS REPORT (UBR)

001491 AF

DOCUMENT # **A05045**

1. Entity Name

**DON CARTER'S KENDALL LANES LIMITED**

Principal Place of Business

13600 N. KENDALL DR.  
MIAMI FL 33186

Mailing Address

13600 N. KENDALL DR.  
MIAMI FL 33186-1567

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1389 N.W. 136th Avenue  
SUNRISE, FLORIDA

33323

united states

**FILED**

00 APR 13 AM 8:26

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1685038

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

25 W. FLAGLER ST.

5TH FLOOR, CITY NATIONAL BANK BLDG.

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.

\$930,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

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

6000003219796--8

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

STREET ADDRESS

CITY - ST - ZIP

-04/24/00--01032--014  
\*\*\*\*526.25 \*\*\*\*526.25

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

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #  
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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: **X**

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

**Terry Isan** x 4/11/00 (954) 846-8400

Date

Daytime Phone #

(954) 903-1111