

# 2001 UNIFORM BUSINESS REPORT (UBR)

0006785 AF

**DOCUMENT #** A05045

**1. Entity Name**

DON CARTER'S KENDALL LANES LIMITED


<b>Principal Place of Business</b>	<b>Mailing Address</b>
13600 N. KENDALL DR. MIAMI FL 33186	1389 N.W. 136TH AVENUE SUNRISE FL 33323

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b>		<b>City &amp; State</b>	
<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>

**FILED**

01 APR 16 AM 10:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b>	<b>59-1685038</b>	<b>Applied For</b>
		Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

STRICKROOT, JOHN C  
25 W. FLAGLER ST.  
5TH FLOOR, CITY NATIONAL BANK BLDG.  
MIAMI FL 33130

**7. Name and Address of New Registered Agent**

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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_

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

<b>9. Capital Contributions as Shown on record.</b>	<b>\$930,000.00</b>	<b>10. Amount of Capital Contributions in FLORIDA to date.</b>	<b>11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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**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	
<b>DOCUMENT #</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
	POWELL, JOHN JR.		
	6639 EMBASSY COURT		
	MAUMEE OH		
<b>DOCUMENT #</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
	ROSE, BURTON		
	5580 MONROE ST.		
	SYLVANIA OH		
<b>DOCUMENT #</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
	ISAN, JERRY		
	2420 N.E. 27TH STREET		
	LIGHTHOUSE POINT FL		
<b>DOCUMENT #</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
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**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 **REQUIRED** 4/13/01 (954) 846-8400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)