

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

001375 AT

DOCUMENT # **A05045**

1. Entity Name  
**DON CARTER'S KENDALL LANES LIMITED**



Principal Place of Business  
**13600 N. KENDALL DR.  
MIAMI FL 33186**

Mailing Address  
**1389 N.W. 136TH AVENUE  
SUNRISE FL 33323**

**FILED**  
**03 APR 29 AM 11:31**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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 **59-1685038**

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. 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. **\$930,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **930,000.00**

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

STREET ADDRESS

CITY-ST-ZIP

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

STREET ADDRESS

CITY-ST-ZIP

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

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
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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* **04-16-03** (954) 846-8400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)