

2000 UNIFORM BUSINESS REPORT (UBR)


DOCUMENT # **A98000000624**

1. Entity Name
DON CARTER COMMISSARY COMPANY LIMITED PARTNERSHI

Principal Place of Business
**1389 NW 136 AVE.
SUNRISE FL 33323**

Mailing Address
**1389 NW 136 AVE.
SUNRISE FL 33323-2800**

FILED *WAG/21*
00 APR 13 AM 8:23
**SECRETARY OF STATE
TALLAHASSEE FLORIDA**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **65-0001304**
Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**CARTER, DON
1389 NW 136 AVE.
SUNRISE FL 33323**

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 _____

9. Capital Contributions as Shown on record. **\$400.00**

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 #		STREET ADDRESS	
NAME	CARTER, DON	CITY - ST - ZIP	
STREET ADDRESS	9895 SW 96 ST.		
CITY - ST - ZIP	MIAMI FL 33176		
DOCUMENT #		STREET ADDRESS	
NAME	ISAN, JERRY	CITY - ST - ZIP	
STREET ADDRESS	2420 NE 27 ST.		
CITY - ST - ZIP	LIGHTHOUSE POINT FL 33064		
DOCUMENT #		STREET ADDRESS	
NAME	POWELL, JOHN JR	CITY - ST - ZIP	
STREET ADDRESS	36750 US HWY. 19		
CITY - ST - ZIP	TARPON SPRINGS FL 34689		
DOCUMENT #		STREET ADDRESS	
NAME	ROSE, BURT	CITY - ST - ZIP	
STREET ADDRESS	7025 WEST WIND		
CITY - ST - ZIP	SYLVANIA OH 43560		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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]* **SIGNATURE REQUIRED** *Jerry Isan* **4/11/00** **(954) 846-8400**

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

(66) 6003 E.C.