

2001 UNIFORM BUSINESS REPORT (UBR)

0006784 AF

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0001304

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

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.

\$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 #
NAME CARTER, DON
STREET ADDRESS 9895 SW 96 ST.
CITY-ST-ZIP MIAMI FL 33176

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME ISAN, JERRY
STREET ADDRESS 2420 NE 27 ST.
CITY-ST-ZIP LIGHTHOUSE POINT FL 33064

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME POWELL, JOHN JR
STREET ADDRESS 38750 US HWY. 19
CITY-ST-ZIP TARPON SPRINGS FL 34689

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME ROSE, BURT
STREET ADDRESS 7025 WEST WIND
CITY-ST-ZIP SYLVANIA OH 43560

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Jerry Isan

4/13/01

Date

(954) 846-8400

Daytime Phone #

CR2E003 (11/00)

FILED

01 APR 16 PM 12:14

SECRETARY OF STATE
FLORIDA



DO NOT WRITE IN THIS SPACE