

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000000624

1. Entity Name

DON CARTER COMMISSARY COMPANY LIMITED PARTNERSHI
P

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

DUE BY MAY 1, 2002

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

7. Name and Address of New Registered Agent

CARTER, DON
1389 NW 136 AVE.
SUNRISE FL 33323

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.

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 #	CARTER, DON	STREET ADDRESS	
NAME	9895 SW 96 ST.	CITY-ST-ZIP	
STREET ADDRESS	MIAMI FL 33176		
CITY-ST-ZIP			
DOCUMENT #	ISAN, JERRY	STREET ADDRESS	
NAME	2420 NE 27 ST.	CITY-ST-ZIP	
STREET ADDRESS	LIGHTHOUSE POINT FL 33064		
CITY-ST-ZIP			
DOCUMENT #	POWELL, JOHN JR	STREET ADDRESS	
NAME	36750 US HWY. 19	CITY-ST-ZIP	
STREET ADDRESS	TARPON SPRINGS FL 34689		
CITY-ST-ZIP			
DOCUMENT #	ROSE, BURT	STREET ADDRESS	
NAME	7025 WEST WIND	CITY-ST-ZIP	
STREET ADDRESS	SYLVANIA OH 43560		
CITY-ST-ZIP			
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: *Jerry Isan* *04-24-02* (954) 846-8400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

APPROVED
AND
FILED

02 APR 26 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E003 (9/01)