

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

001378 AT

DOCUMENT # A98000000624

1. Entity Name  
DON CARTER COMMISSARY COMPANY LIMITED PARTNERSHI  
P



FILED

2003 APR 23 AM 9:30

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



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

DUE BY MAY 1, 2003

4. FEI Number 65-0001304

Applied For

Not Applicable

Zip

Country

Zip

Country

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. 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. \$400.00

10. Amount of Capital Contributions in FLORIDA to date. 400.00

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 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 36750 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]* 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)

SAMPLE CHECK HERE