

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000001108

1. Entity Name

UNITED CAPITAL FUND, L.C.

Principal Place of Business

Mailing Address

1300-C ENTERPRISE DR.

PO BOX 380921

SUITE C

MURDOCK FL 33938

PORT CHARLOTTE FL 33948

FILED

2001 MAY -2 PM 12:19

DIVISION OF CORPORATIONS

TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4549 TAMiami TR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6

City & State

City & State

PORT CHARLOTTE, FL

Zip

Country

Zip

Country

33980

USA

4. FEI Number

65-0785420

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PLATT, DANIEL B

1300-C ENTERPRISE DR.

SUITE C

PORT CHARLOTTE FL 33948

Name

DANIEL B. PLATT

Street Address (P.O. Box Number is Not Acceptable)

4549-B TAMiami TRAIL

City

PORT CHARLOTTE

FL

Zip Code

33980

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOT: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR  
NAME PLATT, DANIEL B  
STREET ADDRESS 1300-C ENTERPRISE DR.  
CITY-ST-ZIP PORT CHARLOTTE FL 33948

☐ Delete

TITLE  
NAME  
STREET ADDRESS PO BOX 380921  
CITY-ST-ZIP MURDOCK, FL 33938

☒ Change ☐ Addition

TITLE  
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STREET ADDRESS  
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☐ Delete

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/30/01

Date

991-255-1616

Daytime Phone #

CR2E083 (11/00)