

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000006370

1. Entity Name

EXPERIMENTAL AIRCRAFT ASSOCIATION (EAA) ULTRALIG

Principal Place of Business

7500 CORONET ROAD
MULBERRY FL 33860

Mailing Address

7500 CORONET ROAD
MULBERRY FL 33860

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-369 5822

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

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STEP, RICHARD
STREET ADDRESS
104 RUBY CIRCLE
CITY-ST-ZIP
BRANDON FL 33510 ☐ Delete

TITLE
NAME
STEP, RICHARD
STREET ADDRESS
104 RUBY CIRCLE
CITY-ST-ZIP
BRANDON FL 33510 ☒ Change ☐ Addition

TITLE
NAME
D
PENDERGRASS, WALTER
STREET ADDRESS
4945 SUTHWIND DRIVE
CITY-ST-ZIP
MULBERRY FL 33860 ☐ Delete

TITLE
NAME
D, VP
PENDERGRASS, WALTER
STREET ADDRESS
4945 SUTHWIND DR
CITY-ST-ZIP
MULBERRY FL 33860 ☒ Change ☐ Addition

TITLE
NAME
D
HILL, TODD
STREET ADDRESS
3215 WREN LANE
CITY-ST-ZIP
MULBERRY FL 33860 ☐ Delete

TITLE
NAME
D, S/T
HILL, TODD
STREET ADDRESS
4860 SUTHWIND DR
CITY-ST-ZIP
MULBERRY FL 33860 ☒ Change ☐ Addition

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Richard Step
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

3/31/01

813-681-4849

Date Daytime Phone #

CR2E037 (10/00)