

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000030951

1. Entity Name

UNITED CAPITAL FUNDING CORP.

**FILED**  
**Feb 07, 2000 8:00 am**  
**Secretary of State**

02-07-2000 90024 013 \*\*\*150.00

Principal Place of Business

475 CENTRAL AVE.  
STE. 202  
ST PETERSBURG FL 33701  
US

Mailing Address

475 CENTRAL AVE.  
STE. 202  
ST PETERSBURG FL 33701-3846  
US

BU014030



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3452610

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

CURLEY, GERARD J  
475 CENTRAL AVE.  
STE. 202  
ST PETERSBURG FL 33701

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. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	CURLEY, GERARD J	
STREET ADDRESS	475 CENTRAL AVE., STE. 202	
CITY-ST-ZIP	ST PETERSBURG FL 33701	
TITLE	D	<input type="checkbox"/> Delete
NAME	FORLIZZO, ROBERT A	
STREET ADDRESS	13616 LAKE POINT DR S	
CITY-ST-ZIP	CLEARWATER FL 33762	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ULRICH, G KURTIS	
STREET ADDRESS	150-2 AVE NO SUE 800	
CITY-ST-ZIP	ST PETERSBURG FL 33701	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BAKER, IVAN T	
STREET ADDRESS	475 CENTRAL AVE., STE. 202	
CITY-ST-ZIP	ST PETERSBURG FL 33701	
TITLE	D	<input type="checkbox"/> Delete
NAME	ULRICH, ROBERT L	
STREET ADDRESS	146-2 ST N SUITE 310	
CITY-ST-ZIP	ST PETERSBURG FL 33701	
TITLE	D	<input type="checkbox"/> Delete
NAME	BEHAR, MORRIS	
STREET ADDRESS	1326 PRESERVATION WAY	
CITY-ST-ZIP	OLDSMAR FL 34677	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RASMUS, MARK K.	
STREET ADDRESS	17693 SUMMERLIN ROAD	
CITY-ST-ZIP	FORT MYERS, FLORIDA 33908	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ULRICH, G. KURTIS	
STREET ADDRESS	150-2 AVE. NO., STE 800	
CITY-ST-ZIP	ST. PETERSBURG, FL 33701	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ULRICH, ROBERT L	
STREET ADDRESS	146 - 2ST. NO., STE 310	
CITY-ST-ZIP	ST. PETERSBURG, FL 33701	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IVAN T. BAKER

Date

FEBRUARY 1, 2000

Daytime Phone #