

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000030951

1. Entity Name

UNITED CAPITAL FUNDING CORP.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90012 038 ***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
US

049100



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, 2001 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 ☐ Delete
NAME CURLEY, GERARD J
STREET ADDRESS 475 CENTRAL AVE., STE. 202
CITY-ST-ZIP ST PETERSBURG FL 33701

TITLE D, COO ☐ Change ☒ Addition
NAME Chris S. Youmans
STREET ADDRESS 475 Central Ave, Ste 202
CITY-ST-ZIP St. Petersburg, FL 33701

TITLE D ☒ Delete
NAME FORLIZZO, ROBERT A
STREET ADDRESS 13616 LAKE POINT DR S
CITY-ST-ZIP CLEARWATER FL 33762

TITLE D ☐ Change ☒ Addition
NAME Mark S. Mandula
STREET ADDRESS 475 Central Ave, Ste 202
CITY-ST-ZIP St. Petersburg, FL 33701

TITLE D ☐ Delete
NAME ULRICH, G KURTIS
STREET ADDRESS 150-2 AVE NO SUE 800
CITY-ST-ZIP ST PETERSBURG FL 33701

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST ☐ Delete
NAME BAKER, IVAN T
STREET ADDRESS 475 CENTRAL AVE., STE. 202
CITY-ST-ZIP ST PETERSBURG FL 33701

TITLE D, CFO ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME ULRICH, ROBERT L
STREET ADDRESS 146-2 ST N SUITE 310
CITY-ST-ZIP ST PETERSBURG FL 33701

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME BEHAR, MORRIS
STREET ADDRESS 1326 PRESERVATION WAY
CITY-ST-ZIP OLDSMAR FL 34677

TITLE ☐ Change ☐ 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

Date

Daytime Phone #

CR2E034 (10/00)