

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000049266

1. Entity Name

ULSTER AMERICAN PROPERTIES, INC.

FILED

Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90030 023 ***158.75

Principal Place of Business

3501 W. VINE ST., STE. 387
KISSIMMEE FL 34741

Mailing Address

3501 W. VINE ST., STE. 387
KISSIMMEE FL 34741

2. Principal Place of Business

2546 JOHN YOUNG PARKWAY

3. Mailing Address

2546 N BERMUDA AVE / JOHN YOUNG PARKWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

KISSIMMEE FLORIDA

City & State

KISSIMMEE FLORIDA

4. FEI Number

59-3454254

Applied For

Not Applicable

Zip

34741

Country

USA

Zip

34741

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CULBERTSON, CONNIE
3501 W. VINE ST., STE. 387
KISSIMMEE FL 34741

7. Name and Address of New Registered Agent

Name CULBERTSON, CONNIE

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

2546 NORTH BERMUDA AVE / JOHN YOUNG PARKWAY

City

KISSIMMEE

FL

Zip Code

34741

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]

SAMUEL J NUTT DIRECTOR. 15 JANUARY 01

Signature, typed or printed name of registered agent and date 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.

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D COLLINS, ROBERT D 206 MOIRA RD. LISBURN/N. IRELAND BT28 2SN	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D NUTT, SAMUEL J 95 DROMORE RD., HILLSBOROUGH/N. IRELAND BT26 6HG	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D THOMPSON, JAMES C 49 ROUGHFORT RD., MALLUSK/N. IRELAND BT36 4RE	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D BROWNLESS, JOSEPH K 58 BALLYMACVEA RD., BALLYMENA/N. IRELAND BT42 2LT	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]

SAMUEL J NUTT

15 JANUARY 01.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)