

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000000758

1. Entity Name

CONFEDERATE AIR FORCE, INC.

Principal Place of Business

PO BOX 62000  
MIDLAND TX 79711-2000

Mailing Address

PO BOX 62000  
MIDLAND TX 79711-2000

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

RUSSELL, RICHARD D  
1797 MITCHELL CT.  
DAYTONA BEACH FL 32124

4. FEI Number 74-1484491

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

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  
After September 12, 2001, min. will be \$236.25

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

TITLE P ☐ Delete  
NAME RICE, ROBERT R  
STREET ADDRESS 3108 GULF  
CITY-ST-ZIP MIDLAND TX 79701

TITLE STD ☐ Delete  
NAME HOUDYSHELL, FLOYD S  
STREET ADDRESS 2805 WHITTLE WAY  
CITY-ST-ZIP MIDLAND TX 79707

TITLE D ☐ Delete  
NAME AGATHER, NIELS  
STREET ADDRESS 1227 WASHINGTON TERRACE  
CITY-ST-ZIP FORT WORTH TX 76107

TITLE D ☐ Delete  
NAME COWAN, JOE  
STREET ADDRESS 1732 NORTH WEST ST.  
CITY-ST-ZIP WICHITA KS 67203

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 3903 NorthField Ct  
CITY-ST-ZIP

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

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

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

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

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:

*Floyd S. Houdyshe*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/8/01 (915) 563-1000  
Date Daytime Phone #

FILED  
Aug 14, 2001 8:00 am  
Secretary of State

08-14-2001 90010 036 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

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