

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90147 011 ****61.25

0021231

DOCUMENT # N38421

1. Entity Name

EASTERN AIRLINES RETIREES ASSOCIATION, INC.

Principal Place of Business

Mailing Address

700 S ROYAL POINCIANNA BLVD
 SUITE 501
 MIAMI SPRINGS FL 33166

% ROLAND H. MOORE, ESQ.
 1221 BRICKELL AVE 17TH FLR. STE 1750
 MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2613167

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOORE, ROLAND H ESQ
1221 BRICKELL AVE
17TH FLR, STE 1750
MIAMI FL 33131

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	TD	<input type="checkbox"/> Delete
NAME	PFISTER C. DOUGLAS	
STREET ADDRESS	7211 SW 132ND STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOODWARD, WILLIAM	
STREET ADDRESS	396 PAYNE DR	
CITY-ST-ZIP	MIAMI SPRINGS FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SCHMIDT, DON	
STREET ADDRESS	9817 NW 93 TERR	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BORRELLI, VITO	
STREET ADDRESS	10229 SW 57TH CT	
CITY-ST-ZIP	COOPER CITY FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	NENTWIG, LOUISE M	
STREET ADDRESS	28500 SW 177 AVE	
CITY-ST-ZIP	HOMESTEAD FL 33030-1915	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

President
DAVIS Tompkins
1251 SW 21ST AVENUE
MIAMI FLORIDA 33135-5024

CR2E037 (9/01)

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: *Roland H Moore, Atty-in-fact 4/09/02 305-536-7054*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR