

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N46444

1. Entity Name

EXPERIMENTAL AIRCRAFT ASSOCIATION, INCORPORATED

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90109 033 \*\*\*\*61.25

Principal Place of Business

Mailing Address

RT 18 BOX 592  
LAKE CITY FL 32025  
US

RT 18 BOX 592  
LAKE CITY FL 32025-7440  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3141366

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

FERA, MARILYN A  
23 AIR PARK LANE  
RR 18 BOX 581  
LAKE CITY FL 32025

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 PD  
NAME HOLLINS, V ☐ Delete  
STREET ADDRESS RT 18 BOX 592  
CITY-ST-ZIP LAKE CITY FL 32025

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

TITLE VD ☒ Delete  
NAME TWING, P  
STREET ADDRESS RT 18 BOX 634  
CITY-ST-ZIP LAKE CITY FL 32025

TITLE VD ☒ Change ☐ Addition  
NAME ~~RD~~ LEVERS, Earl  
STREET ADDRESS RT 18 BOX 583  
CITY-ST-ZIP LAKE CITY FL 32025

TITLE TD ☐ Delete  
NAME VASS, T J  
STREET ADDRESS 12 HILLSIDE DR  
CITY-ST-ZIP LAKE CITY FL 32025

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

TITLE S ☐ Delete  
NAME KRECIOCH, MICHAEL  
STREET ADDRESS RT 18 BOX 580  
CITY-ST-ZIP LAKE CITY FL 32025

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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:

*Virginia Hollins*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/2000

904-758-0948  
Daytime Phone #

CR2E037 (9/99)