

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2002 8:00 am
Secretary of State

02-17-2002 90018 017 ****61.25

DOCUMENT # N46444

1. Entity Name

**EXPERIMENTAL AIRCRAFT ASSOCIATION, INCORPORATED
 CHAPTER 977**

Principal Place of Business

Mailing Address

RT 18 BOX 592
 LAKE CITY FL 32025
 US

RT 18 BOX 592
 LAKE CITY FL 32025
 US

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

59-3141366

Applied For

Not Applicable

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
HOLLINS, VIRGINIA M

Street Address (P.O. Box Number is Not Acceptable)
20 AIR PARK LANE

RT 18 BOX 592

City **LAKE CITY**

FL

Zip Code
32025

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 *Virginia Hollins* Virginia Hollins, President Feb. 1, 2002

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

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

TITLE ☒ Delete
 NAME **VD LEVERS, EARL**
 STREET ADDRESS **RT 18 BOX 583**
 CITY-ST-ZIP **LAKE CITY FL 32025**

TITLE ☒ Change ☐ Addition
 NAME **VD WIENCEK, Peter**
 STREET ADDRESS **RT 18 BOX 18759**
 CITY-ST-ZIP **LAKE CITY, FL 32025**

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

TITLE ☐ Change ☒ Addition
 NAME **SD KRECIOCH, MICHAEL**
 STREET ADDRESS **RT 18 Box 580**
 CITY-ST-ZIP **LAKE CITY, FL 32025**

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* VIRGINIA HOLLINS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/02
 Date

386/758-0948
 Daytime Phone #

CR2E037 (9/01)