

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 709357

1. Entity Name

EXPERIMENTAL AIRCRAFT ASSOCIATION, INC. CHAPTER

**FILED**  
**Feb 03, 2000 8:00 am**  
**Secretary of State**

02-03-2000 90015 020 \*\*\*\*61.25

Principal Place of Business

Mailing Address

P. O. BOX 140571  
 ORLANDO FL 32814  
 US

P. O. BOX 140571  
 ORLANDO FL 32814-0571  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1918173

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HAYDEN, BOB  
 4512 BRIDGEWATER DR  
 ORLANDO FL 32817

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	D	<input checked="" type="checkbox"/> Delete
NAME	HENDERSON, JOHN	
STREET ADDRESS	1741 MOHAWK TRAIL	
CITY-ST-ZIP	MAITLAND FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SOLARES, EDWARD W	
STREET ADDRESS	4023 NEW HAMPTON COURT	
CITY-ST-ZIP	ORLANDO FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	PAWELKA, ROBERT	
STREET ADDRESS	6013 SHORELINE DRIVE	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	P	<input type="checkbox"/> Delete
NAME	VOGELPOHL, GREG	
STREET ADDRESS	935 PLATO AVENUE	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE	T	<input type="checkbox"/> Delete
NAME	CORBITT, JAMES C. JR.	
STREET ADDRESS	8500 JONES AVE.	
CITY-ST-ZIP	ZELLWOOD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUPOUIS, REAL	
STREET ADDRESS	5642 JEAN DRIVE	
CITY-ST-ZIP	ORLANDO FL 32822	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BULL, CHARLES M	
STREET ADDRESS	9238 BUTTON WOOD ST.	
CITY-ST-ZIP	ORLANDO, FL. 32825	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VAN WINKLE, PHIL	
STREET ADDRESS	1619 LAKE LORING DR.	
CITY-ST-ZIP	ORLANDO, FL. 32808	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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:

*James C. Corbitt, Jr.* JAMES C. CORBITT, JR.

Date

Daytime Phone #

1-27-00 407/880-2665

CR2E037 (9/99)