

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000004277

1. Entity Name  
EXECUTIVE AIRLINES, INC.

Principal Place of Business  
4333 AMON CARTER BLVD., MD 5675  
FORTH WORTH TX 76155

Mailing Address  
4333 AMON CARTER BLVD., MD 5675  
FORTH WORTH TX 76155

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ARPEY, GERALD J	
STREET ADDRESS	4333 AMON CARTER BLVD., MD 5621	
CITY-ST-ZIP	FORTH WORTH TX 76155	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BOWLER, PETER M	
STREET ADDRESS	4333 AMON CARTER BLVD., MD 5475	
CITY-ST-ZIP	FORTH WORTH TX 76155	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	CARTY, DONALD J	
STREET ADDRESS	4333 AMON CARTER BLVD., MD 5624	
CITY-ST-ZIP	FORTH WORTH TX 76155	
TITLE	P	<input type="checkbox"/> Delete
NAME	HAZY, G. GEORGE	
STREET ADDRESS	P.O. BOX 38082	
CITY-ST-ZIP	SAN JAUN PR 00937-0082	
TITLE	VT	<input type="checkbox"/> Delete
NAME	BEER, JAMES A	
STREET ADDRESS	4333 AMON CARTER BLVD., MD 5566	
CITY-ST-ZIP	FORTH WORTH TX 76155	
TITLE	VGCS	<input type="checkbox"/> Delete
NAME	STROUD, HOLLY E	
STREET ADDRESS	4333 AMON CARTER BLVD., MD 5494	
CITY-ST-ZIP	FORTH WORTH TX 76155	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Mar 08, 2001 8:00 am**  
**Secretary of State**

03-08-2001 90061 042 \*\*\*150.00

C0031659



DO NOT WRITE IN THIS SPACE

4. FEI Number 66-0433166

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

CP2E034 (10/00)

1/16/01

(817) 967 6254