

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000000758

1. Entity Name

CONFEDERATE AIR FORCE, INC.

**FILED**  
**Jan 24, 2000 8:00 am**  
**Secretary of State**

01-24-2000 90062 014 \*\*\*\*61.25

Principal Place of Business PO BOX 62000 MIDLAND TX 79711-2000	Mailing Address PO BOX 62000 MIDLAND TX 79711-2000
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>74-1484491</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

RUSSELL, RICHARD D  
 1797 MITCHELL CT.  
 DAYTONA BEACH FL 32124

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

**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

TITLE	P	<input type="checkbox"/> Delete
NAME	RICE, ROBERT R	
STREET ADDRESS	3108 GULF	
CITY-ST-ZIP	MIDLAND TX 79701	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HOUDYSHELL, FLOYD S	
STREET ADDRESS	2605 WHITTLE WAY	
CITY-ST-ZIP	MIDLAND TX 79707	
TITLE	D	<input type="checkbox"/> Delete
NAME	AGATHER, NIELS	
STREET ADDRESS	1227 WASHINGTON TERRACE	
CITY-ST-ZIP	FORT WORTH TX 76107	
TITLE	D	<input type="checkbox"/> Delete
NAME	COWAN, JOE	
STREET ADDRESS	1732 NORTH WEST ST.	
CITY-ST-ZIP	WICHITA KS 67203	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		

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. **FLOYD S. HOUDYSHELL**

SIGNATURE: *Floyd S. Houdysshell* **FLOYD S. HOUDYSHELL** 1/6/00 (915) 563-1000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)