2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # N18218 Feb 22, 2000 8:00 am 1. Entity Name **Secretary of State** THE NAVAL AVIATION PILOTS TRUST FUND, INC. 02-22-2000 90007 020 ****61.25 Principal Place of Business Mailing Address P.O. BOX 4111 P.O. BOX 4111 PENSACOLA FL 32507-0111 PENSACOLA FL 32507 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4, FEI Number Applied For City & State City & State 59-2767100 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) WHITE, CHARLES 7404 ST JAMES PLACE PENSACOLA FL 32506 Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE (S \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Change ☐ Addition ☐ Delete TITLE TITLE WHITE, CHARLES NAME NAME STREET ADDRESS 7404 ST. JAMES PLACE STREET ADDRESS PENSACOLA FL 32506 CITY-ST-ZIP CITY-ST-ZIP □ Delete TITLE ☐ Change Addition TITLE O'LAUGHLIN, FRANCIS M. NAME NAME STREET ADDRESS 750 WINFRED DRIVE, SOUTH STREET ADDRESS CITY-ST-ZIP ORANGE PARK FL CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME Jones, Robert STREET ADDRESS 295 LEMMINGTON RD. STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32504 CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete WHITE, CHARLES E. NAME STREET ADDRESS 7404 ST JAMES PLACE STREET ADDRESS CITY-ST-ZIP PENSACOLA FL CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE RILEY, WILLIAM A. NAME STREET ADDRESS 7406 3/4 ARIZONA AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LOS ANGELES CA ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

BUCUNTUR COAR 158REIU HITE

2-16-00__

850 457 4360

Daytime Phone #