

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N18218

1. Entity Name

THE NAVAL AVIATION PILOTS TRUST FUND, INC.

Principal Place of Business

P.O. BOX 4111
PENSACOLA FL 32507

Mailing Address

P.O. BOX 4111
PENSACOLA FL 32507

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2767100

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WHITE, CHARLES
7404 ST JAMES PLACE
PENSACOLA FL 32506

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 NAME PD
WHITE, CHARLES
STREET ADDRESS 7404 ST. JAMES PLACE
CITY-ST-ZIP PENSACOLA FL 32506 ☐ Delete

TITLE NAME D
O'LAUGHLIN, FRANCIS M.
STREET ADDRESS 750 WINFRED DRIVE, SOUTH
CITY-ST-ZIP ORANGE PARK FL ☐ Delete

TITLE NAME D
JONES, ROBERT
STREET ADDRESS 295 LEMMINGTON RD.
CITY-ST-ZIP PENSACOLA FL 32504 ☐ Delete

TITLE NAME T
WHITE, CHARLES E.
STREET ADDRESS 7404 ST JAMES PLACE
CITY-ST-ZIP PENSACOLA FL ☐ Delete

TITLE NAME D
RILEY, WILLIAM A.
STREET ADDRESS 7406 3/4 ARIZONA AVE
CITY-ST-ZIP LOS ANGELES CA ☐ Delete

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE NAME ☐ Change ☐ Addition
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:

CHARLES E. WHITE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-01

850 457 4360

Date

Daytime Phone #

CR2E037 (10/00)