2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2000 8:00 am
Secretary of State
03-01-2000 90010 033 ****61.25

DOCUMENT # N18375

1. Entity Name

RETIRED EASTERN PILOTS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% BILLINGS. J.M. 4101 NELWE CUSTIS CT. ALEXANDRIA VA 22309-9125	% BILLINGS. J M 4101 NELCIE CUSTIS CT ALEXANDRIA VA 22309 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2748333 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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 John M Billings 2-19-00
(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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BROWN, TA 107 HARBOR LAKE CIR W PALM BCH FL 33413-2125	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D E. NEAL HOLLAND 3491 PALL MALL DR. STE 201, JACKSONVILLE, FL 32257-5163	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BRILLAVD, A. E. 2521 CROSS COUNTRY DRIVE DAYTONA BEACH FL 32121-6744	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VIRGIL R. FEDDER 2987 MARGARET MITCHEL COURT ATLANTA, GA 30327-1651	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRIDAY, J L 106 LAKE AIRES PEACHTREE CITY GA 30269-1737	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GARY A DESKIN 2422 EMERALD DR. JONESBORO, GA 30236-5228	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD STEVENS, H E 8265 SW 133RD ST MIAMI FL 33156-6631	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BILLINGS, JM 4101 NELLIE CUSTIS CT ALEXANDRIA VA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SMITH, L D 102 ROLLING GREEN PEACHTREE CITY GA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD	☒ Change ☐ Addition

CR2E037 (9/99)

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: John M Billings 2-19-00 703 780 1688
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #