2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 11, 2001 8:00 am
Secretary of State
01-11-2001 90009 023 ****61.25

DOCUMENT # N18375

1. Entity Name

RETIRED EASTERN PILOTS ASSOCIATION, INC.

600428

DO NOT WRITE IN THIS SPACE

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

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 _____
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	D HOLLAND, NEAL E 3491 PALL MALL DR. STE 201 JACKSONVILLE FL 32257-5403	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD G.A. DESKIN 2422 EMERALD DRIVE JONESBORO, GA 30236-5228 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VD~~ PD BRILLAVD, A. E. 2521 CROSS COUNTRY DRIVE DAYTONA BEACH FL 32121-6744	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD VIRGIL R. TEDDER 2987 MARGARET MITCHELL 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	D E. J. CASADABAN PO BOX 280 NORWOOD, LA 70761-0280 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PD~~ VD STEVENS, H E 8265 SW 133RD ST MIAMI FL 33156-6631	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BILLINGS, JM 4101 NELLIE CUSTIS CT ALEXANDRIA VA 22309-2915	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SMITH, L D 102 ROLLING GREEN PEACHTREE CITY GA	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/00)

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: SIGNATURE REQUIRED JOHN M BILLINGS 01 05 01 703/780-1688
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #