

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N44317

1. Entity Name

EASTERN PILOTS FOR FAIRNESS, INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90001 026 ****61.25

Principal Place of Business

Mailing Address

11635 SW 108 TERRACE
MIAMI FL 33176

11635 SW 108 TERRACE
MIAMI FL 33176-3135



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

65-0271216

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

MYLES J TRALINS, ESQUIRE
ONE BISCAYNE TOWER/ STE 3310
2 SOUTH BISCAYNE BLVD
MIAMI FL 33131

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:
FEES ARE \$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	PD	<input type="checkbox"/> Delete
NAME	DUNN, LARRY J.	
STREET ADDRESS	11635 SW 108 TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MANN, WILLIAM B.	
STREET ADDRESS	7020 N. SERNOA DR.	
CITY-ST-ZIP	SARASOTA FL 34241	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BALDRIDGE, J H	
STREET ADDRESS	402 STRATFIELD DRIVE	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	TD	<input type="checkbox"/> Delete
NAME	VOUDY, JOHN	
STREET ADDRESS	2850 DELK ROAD APT. 48E	
CITY-ST-ZIP	MARIETTA GA 30067	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DONOVAN, MIKE	
STREET ADDRESS	10 BOARDMAN LANE BOX 196	
CITY-ST-ZIP	HAMILTON MA	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILANETTE, TERRY	
STREET ADDRESS	8 HEMLOCK TERR.	
CITY-ST-ZIP	E. SANDWICH MA	

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
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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.

SIGNATURE:

LARRY J DUNN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

26 JAN 2000

Date

305 279-3357

Daytime Phone #

CP2E037 (9/99)