

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2002 8:00 am**  
**Secretary of State**

02-10-2002 90026 025 \*\*\*\*61.25

**DOCUMENT # N44317**

1. Entity Name

**EASTERN PILOTS FOR FAIRNESS, INC.**

Principal Place of Business

**11635 SW 108 TERRACE  
MIAMI FL 33176**

Mailing Address

**11635 SW 108 TERRACE  
MIAMI FL 33176**

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: 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 ☐ Delete  
NAME **PD DUNN, LARRY J.**  
STREET ADDRESS **11635 SW 108 TERRACE**  
CITY-ST-ZIP **MIAMI FL**

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

TITLE ☐ Delete  
NAME **VD MANN, WILLIAM B.**  
STREET ADDRESS **7020 N. SERNOA DR.**  
CITY-ST-ZIP **SARASOTA FL 34241**

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

TITLE ☐ Delete  
NAME **SD BALDRIDGE, J H**  
STREET ADDRESS **402 STRATFIELD DRIVE**  
CITY-ST-ZIP **LUTZ FL 33549**

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

TITLE ☐ Delete  
NAME **TD VOUDY, JOHN**  
STREET ADDRESS **2850 DELK ROAD APT. 48E**  
CITY-ST-ZIP **MARIETTA GA 30067**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **111 N. Pompano Beach Blvd.**  
CITY-ST-ZIP **Pompano Beach, FL 33062**

TITLE ☐ Delete  
NAME **D MILANETTE, TERRY**  
STREET ADDRESS **8 HEMLOCK TERR.**  
CITY-ST-ZIP **E. SANDWICH MA**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

**1-18-02**

**305.279.3357**

CR2E037 (9/01)