

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

02-28-2002 90081 001 ***245.00

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1. Entity Name

AIRPORTS ASSOCIATION OF FLORIDA, INC.

Principal Place of Business

108 E. JEFFERSON ST., SUITE A
TALLAHASSEE FL 32301

Mailing Address

108 E. JEFFERSON ST., SUITE A
TALLAHASSEE FL 32301

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 **59-3267136**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COULTER, WILLIAM P
108 E. JEFFERSON ST., SUITE A
TALLAHASSEE FL 32301

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 **PO** ☒ Delete
NAME **SOTORRIO, ANA**
STREET ADDRESS **MIAMI INT'L AIRPORT, CONCSE E-5 FL**
CITY-ST-ZIP **MIAMI FL 33159**

TITLE **EVD** ☒ Delete
NAME **COULTER, WILLIAM P**
STREET ADDRESS **108 EAST JEFFERSON ST. - SUITE A**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **PPD** ☒ Delete
NAME **SEALY, JERRY L**
STREET ADDRESS **STATE ROAD 85**
CITY-ST-ZIP **EGUN AFB FL 32542**

TITLE **Exec. V.P.** ☐ Delete
NAME **SHERRY, BILL**
STREET ADDRESS **320 TERMINAL DRIVE**
CITY-ST-ZIP **FORT LAUDERDALE FL 33315**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Exec. V.P.** ☐ Change ☒ Addition
NAME **William Johnson**
STREET ADDRESS **108 E. Jefferson St, Suite A**
CITY-ST-ZIP **Tallahassee, FL 32301**

TITLE **President** ☐ Change ☒ Addition
NAME **Ed Mueller**
STREET ADDRESS **4796 U.S. 1, North**
CITY-ST-ZIP **St. Augustine, FL 32095**

TITLE **Sec. Treasurer** ☐ Change ☒ Addition
NAME **Peter Madys**
STREET ADDRESS **1600 Chamberlaine Pkwy.**
CITY-ST-ZIP **Ft. Myers, FL 33913**

TITLE **Vice President** ☐ Change ☐ Addition
NAME **Bill Sherry**
STREET ADDRESS **320 Terminal Drive**
CITY-ST-ZIP **Ft. Lauderdale, FL 33315** (no change)

TITLE ☐ Change ☐ Addition
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 #

CR2E037 (9/01)