

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90142 033 \*\*\*\*61.25

**DOCUMENT # 722935**

1. Entity Name  
**FLORIDA AVIATION TRADES ASSOCIATION, INC.**



Principal Place of Business  
**4685 LONGBOW DRIVE  
TITUSVILLE FL 32796**

Mailing Address  
**4685 LONGBOW DRIVE  
TITUSVILLE FL 32796**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0032480**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**RAEBURN, PAULA  
4685 LONGBOW DRIVE  
TITUSVILLE FL 32796**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Paula Raeburn*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-7-03**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete  
NAME **RAEBURN, PAULA**  
STREET ADDRESS **4685 LONGBOW DRIVE**  
CITY-ST-ZIP **TITUSVILLE FL 32796**

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

TITLE **VP PRESIDENT** ☐ Delete  
NAME **ELLSTON, JEFF**  
STREET ADDRESS **377 CITATION POINT**  
CITY-ST-ZIP **NAPLES FL 33410-4**

TITLE **PRESIDENT** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **EVP** ☐ Delete  
NAME **THOMAS, COUGHLIN**  
STREET ADDRESS **141 SAGE BRUSH TRAIL SUITE A**  
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE **VP MARKETING** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **P** ☒ Delete  
NAME **MOBERG, MARK**  
STREET ADDRESS **6582 EUREKA SPTINGS RD.**  
CITY-ST-ZIP **TAMPA FL 33610**

TITLE **EXECUTIVE V.P.** ☐ Change ☒ Addition  
NAME **JOHN HUNT**  
STREET ADDRESS **3256 CAPITAL CIRCLE SW**  
CITY-ST-ZIP **TALLAHASSEE, FL 32310**

TITLE **D** ☐ Delete  
NAME **DAVI, KEN**  
STREET ADDRESS **901 SW MARTIN DOWNS BLVD STE 322**  
CITY-ST-ZIP **PALM CITY FL 34990**

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

TITLE **T** ☐ Delete  
NAME **YOUNG, TERI**  
STREET ADDRESS **901 SW MARTIN DOWNS BLVD STE 322**  
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE **McLEAN, TERI** ☒ 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:

*Paula Raeburn*

**1-7-03**

**321-383-9662**

CR2E037 (10/02)