2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 09, 2002 8:00 am Secretary of State **DOCUMENT # 720716** 02-28-2002 90081 001 ***245.00 FLORIDA AIRPORT MANAGER'S ASSOCIATION, INC. Principal Place of Business Mailing Address 22145 108 EAST JEFFERSON 100 EAST JEFFERSON P.O. BOX 929 P.O. BOX 929 TALLAHASSEE FL 32302-0929 TALLAHASSEE FL 32302-0929 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2464844 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) COULTER, WILLIAM P 108 EAST JEFFERSON **TALLAHASSEE FL 32302** City Zip Code FL 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. CKecitu SIGNATURE if ragistered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Exocutere Vice Mondut TITLE (9/07) Delete TITLE NAME William Johnson NAME COULTER, WM P 108 E. Japelsonst, Sintat Tallahaste EL. 32501 STREET ADDRESS STREET ADDRESS 108 E JEFFERSON ST., STE A CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE, FL 00000 TITLE PD Delete TITLE Change Addition wuellher NAME SOTORRIO, ANA NAME 4796 U.S. 1, Noore STREET ADDRESS MIAMI INT'L AIRPORT CONCOURSE E 5TH FL STREET ADORESS 3 Augus 17 PC 32595 CITY-ST-ZIP CITY-ST-ZIP Miami FL 33159 eciotain- Masurer TITLE PPD Delete TITLE Change Addition NAME NAME Peter Modic BOWLING, FAYE H. STREET ADDRESS STREET ADDRESS 1600 chamberland **150 NORTH ALACHUA STREET** CITY-ST-7P CITY-ST-7IP LAKE CITY FL Foot Moreley Fly TITLE ☐ Change ☐ Addition PD TIME Deleta NAME SEALY, JERRY L NAME STREET ADDRESS STREET ADDRESS STATE ROAD 85 CITY-ST-7IP CITY-ST-7iP EGLIN A F B FL 32542 STD Vice Prosident TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME SHERRY, BILL STREET ADDRESS STREET ADDRESS 320 TERMINAL DRIVE CITY-ST-ZIP CITY-ST-7iP FORT LAUDERDALE FL 33315 TITLE Addition TITLE Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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, writhell published empowered.

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