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

FILED
May 08, 2003 8:00 am
Secretary of State
04-24-2003 90185 002 ****70.00

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DOCUMENT # 720716

1. Entity Name
FLORIDA AIRPORT MANAGER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~108 EAST JEFFERSON~~ ~~P.O. BOX 829~~ ~~TALLAHASSEE FL 32302-0829~~	~~108 EAST JEFFERSON~~ ~~P.O. BOX 829~~ ~~TALLAHASSEE FL 32302-0829~~

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1801 N. Meridian Rd.	1801 N. Meridian Rd.
Suite, Apt. #, etc.: Suite C	Suite, Apt. #, etc.: Suite C
City & State: Tallahassee, FL	City & State: Tallahassee, FL
Zip: 32303 Country: USA	Zip: 32303 Country:

4. FEI Number 59-2464844 ☐ 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
~~COULTER, WILLIAM P~~ ~~108 EAST JEFFERSON~~ ~~TALLAHASSEE FL 32302~~	Name: William R. Johnson Street Address (P.O. Box Number is Not Acceptable): 1801 N. Meridian Rd, Suite C City: Tallahassee FL Zip Code: 32303

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: EXECUTIVE DIRECTOR William R. Johnson DATE: 4/23/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	EVD JOHNSON, WILLIAM 108 E JEFFERSON ST., STE A TALLAHASSEE FL 32301	☐ Delete	D JOHNSON, WILLIAM 1801 N. MERIDIAN RD, SUITE C TALLAHASSEE, FL 32303	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WUELLNER, ED 4796 U.S. 1 NORTH SAINT AUGUSTINE FL 32095	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD MODYS, PETER 1600 CHAMBERLANE PKWY FORT MYERS FL 33913	☐ Delete	VD MODYS, PETER 16000 CHAMBERLIN PKWY, SUITE 860 FORT MYERS, FL 33913	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD SHERRY, BILL 320 TERMINAL DRIVE FORT LAUDERDALE FL 33315	☐ Delete	PD SHERRY, WILLIAM F. 320 TERMINAL DR. FORT LAUDERDALE, FL 33315	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	T/S D COOLEY, EDWARD 5503-W. SPRUCE ST. TAMPA, FL 33607-1475	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (10/02)

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

Date: 4/23/03

Daytime Phone #: (850) 224-2864