

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 722935

1. Entity Name

FLORIDA AVIATION TRADES ASSOCIATION, INC.

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90096 022 ****61.25

Principal Place of Business 4685 LONGBOW DRIVE TITUSVILLE FL 32796	Mailing Address 4685 LONGBOW DRIVE TITUSVILLE FL 32796-1467
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0032480	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RAEBURN, PAULA 4685 LONGBOW DRIVE TITUSVILLE FL 32796	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 *Paula Raeburn* **3-22-2000**
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
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																																																																																																																																																
<table border="1"> <tr> <td>TITLE</td> <td>D</td> <td>☐ Delete</td> </tr> <tr> <td>NAME</td> <td>RAEBURN, PAULA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4685 LONGBOW DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TITUSVILLE FL 32796</td> <td></td> </tr> <tr> <td>TITLE</td> <td>EVP</td> <td>☒ Delete</td> </tr> <tr> <td>NAME</td> <td>STAFFORD, JOHN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>BOX 14073</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORLANDO FL 32814</td> <td></td> </tr> <tr> <td>TITLE</td> <td>DVP</td> <td>☐ Delete</td> </tr> <tr> <td>NAME</td> <td>SINKER, MARTIN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2450 N. WESTSHORE BLVD.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMPA FL 33607</td> <td></td> </tr> <tr> <td>TITLE</td> <td>P</td> <td>☐ Delete</td> </tr> <tr> <td>NAME</td> <td>MOBERG, MARK</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>9334 VANDENBURG RD., VANDENBURG AIRPORT</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMPA FL 33610</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VP</td> <td>☒ Delete</td> </tr> <tr> <td>NAME</td> <td>HILLER, MARTIN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5321 MEMORIAL HIGHWAY</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMPA FL 33634</td> <td></td> </tr> <tr> <td>TITLE</td> <td>T</td> <td>☐ Delete</td> </tr> <tr> <td>NAME</td> <td>DAVI, KENNETH</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>901 S.W. MARTIN DOWNS BLVD., SUITE 322</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PALM CITY FL 34990</td> <td></td> </tr> </table>	TITLE	D	☐ Delete	NAME	RAEBURN, PAULA		STREET ADDRESS	4685 LONGBOW DRIVE		CITY-ST-ZIP	TITUSVILLE FL 32796		TITLE	EVP	☒ Delete	NAME	STAFFORD, JOHN		STREET ADDRESS	BOX 14073		CITY-ST-ZIP	ORLANDO FL 32814		TITLE	DVP	☐ Delete	NAME	SINKER, MARTIN		STREET ADDRESS	2450 N. WESTSHORE BLVD.		CITY-ST-ZIP	TAMPA FL 33607		TITLE	P	☐ Delete	NAME	MOBERG, MARK		STREET ADDRESS	9334 VANDENBURG RD., VANDENBURG AIRPORT		CITY-ST-ZIP	TAMPA FL 33610		TITLE	VP	☒ Delete	NAME	HILLER, MARTIN		STREET ADDRESS	5321 MEMORIAL HIGHWAY		CITY-ST-ZIP	TAMPA FL 33634		TITLE	T	☐ Delete	NAME	DAVI, KENNETH		STREET ADDRESS	901 S.W. MARTIN DOWNS BLVD., SUITE 322		CITY-ST-ZIP	PALM CITY FL 34990		<table border="1"> <tr> <td>TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>EVP</td> <td>☐ Change ☒ Addition</td> </tr> <tr> <td>NAME</td> <td>BRAD KOST</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3800 SOUTHERN BLVD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>W. PALM BEACH, FL 33406</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>VP MARKETING</td> <td>☐ Change ☒ Addition</td> </tr> <tr> <td>NAME</td> <td>THOMAS COUGHLIN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>14 SAGE BRUSH TRAIL, SUITE A</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORMOND BEACH, FL 32174</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	EVP	☐ Change ☒ Addition	NAME	BRAD KOST		STREET ADDRESS	3800 SOUTHERN BLVD		CITY-ST-ZIP	W. PALM BEACH, FL 33406		TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	VP MARKETING	☐ Change ☒ Addition	NAME	THOMAS COUGHLIN		STREET ADDRESS	14 SAGE BRUSH TRAIL, SUITE A		CITY-ST-ZIP	ORMOND BEACH, FL 32174		TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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* **3-22-2000 321-383-9662**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)