2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Mar 17, 2000 8:00 am Secretary of State **DOCUMENT # N36065** 1. Entity Name FLORIDA AIRPORT MANAGERS ASSOCIATION EDUCATIONAL 03-17-2000 90015 009 \*\*\*\*70.00 Principal Place of Business Mailing Address 108 EAST JEFFERSON 108 EAST JEFFERSON SUITE A SHITE A TALLAHASSEE FL 32301-1540 TALLAHASSEE FL 32301-1702 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3008375 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) COULTER, WILLIAM P. 108 EAST JEFFERSON TALLAHASSEE FL 3230 City Zip Code ourpose of phanging its registered office or registered agent, or both, in the state of Florida 8. The above named (NOTF: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. STD Addition ☐ Change ★ Delete TITLE TITLE ANA SOTORRIO NAME Lewis, Richard K. NAME STREET ADDRESS MIAMI INT'L AIRPORT, CONCOURSE E- 5th fl. STREET ADDRESS 2800 NW 20 TRAIL CITY-ST-ZIP CITY-ST-ZIP **OKEECHOBEE FL 34972** MIAMI, FL 33159 ☐ Delete TITLE ☐ Change ☐ Addition TITLE ĖΨD COULTER, WILLIAM P NAME NAME STREET ADDRESS STREET ADDRESS 108 E. JEFFERSON ST., STE A CITY-ST-ZIP CITY-ST-7/P TALLAHASSEE FL 32301 ☐ Addition Change PPD Delete ----TITLE. TITLE NAME NAME **BOWLING, FAYE** STREET ADDRESS STREET ADDRESS 150 NORTH ALACHUA STREET CITY-ST-ZIP CITY-ST-ZIP LAKE CITY FL PPD ☐ Delete Change Addition PD TITLE TITLE NAME NAME PICCOLO, FREDERICK J STREET ADDRESS STREET ADDRESS 6000 AIRPORT CIR CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL PD Change ☐ Addition TITLE ٧D ☐ Delete TITLE NAME SEALY, JERRY L NAME STREET ADDRESS STREET ADDRESS STATE ROAD 85 CITY-ST-ZIP CITY-\$T-ZIP EGLIN A F B FL 32542 ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP e exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information signature shall have the same legal effect as if made under oath; that I am an officer or director required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information indicatéd on this report or supple

SIGNATURE

of the corporation or the rece