

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2002 8:00 am**  
**Secretary of State**

02-24-2002 90012 003 \*\*\*\*61.25

**DOCUMENT # N48600**

1. Entity Name

**FXE AIRPORT ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**1575 WEST COMMERCIAL BLVD.  
 FT. LAUDERDALE FL 33309  
 US**

**600 S. ANDREWS AVENUE  
 #400  
 FT. LAUDERDALE FL 33301  
 US**

2. Principal Place of Business

**1635 NW 51 PLACE**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**FORT LAUDERDALE, FL**

City & State

4. FEI Number

**65-0330711**

Applied For

Not Applicable

Zip

**33309**

Country

**USA**

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

**GREEN, BRUCE D  
 600 S. ANDREWS AVENUE  
 SUITE 400  
 FT. LAUDERDALE FL 33309**

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.

SIGNATURE

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**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VP** ☐ Delete  
 NAME **ELLIS, BARRY**  
 STREET ADDRESS **5340 NW 20TH TERRACE**  
 CITY-ST-ZIP **FT. LAUDERDALE FL 33309**

TITLE **VP** ☒ Change ☐ Addition  
 NAME **ELLIS, BARRY**  
 STREET ADDRESS **5535 NW 15 AVENUE #68**  
 CITY-ST-ZIP **FT. LAUDERDALE, FL 33309**

TITLE **P** ☐ Delete  
 NAME **CAMPION, DONALD**  
 STREET ADDRESS **1635 NW 51ST PLACE**  
 CITY-ST-ZIP **FT. LAUDERDALE FL 33309**

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

TITLE **ST** ☐ Delete  
 NAME **O'BRIEN, MIKE**  
 STREET ADDRESS **1745 NW 51ST PLACE**  
 CITY-ST-ZIP **FT. LAUDERDALE FL 33309**

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

TITLE **D** ☐ Delete  
 NAME **SHIRAZI, MORRIS**  
 STREET ADDRESS **1710 WEST CYPRESS CREEK ROAD**  
 CITY-ST-ZIP **FORT LAUDERDALE FL 33309**

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

TITLE **D** ☐ Delete  
 NAME **BAUR, TOM**  
 STREET ADDRESS **5280 NW 20TH TERRACE #58**  
 CITY-ST-ZIP **FORT LAUDERDALE FL 33309**

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

TITLE **D** ☐ Delete  
 NAME **HAHNER, DICK**  
 STREET ADDRESS **2011 S PERIMETER RD. #50**  
 CITY-ST-ZIP **FORT LAUDERDALE FL 33309**

TITLE ☐ 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:

**SIGNATURE REQUIRED**

*Jan 30/02*

**954.491.3170**

CP2E037 (9/01)