

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N94000004250**

1. Entity Name

FLORIDA ASSOCIATION OF AIRPORTS, INC.**FILED****Mar 16, 2001 8:00 am**
Secretary of State

03-16-2001 90005 037 ****70.00

00025714

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**108 E. JEFFERSON ST., SUITE A
TALLAHASSEE FL 32301****108 E. JEFFERSON ST., SUITE A
TALLAHASSEE FL 32301**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3375687

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 E. JEFFERSON ST., SUITE A
TALLAHASSEE FL 32301**

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 ~~STD~~ ☐ Delete
NAME **SOTORRIO, ANA**
STREET ADDRESS **MIAMI INTERNATIONAL AIRPORT, CONCOURSE E**
CITY-ST-ZIP **MIAMI FL 33159**TITLE PD ☐ Change ☐ Addition
NAME **XX**
STREET ADDRESS
CITY-ST-ZIPTITLE **PPD** ☐ Delete
NAME **BOWLING, FAYE H**
STREET ADDRESS **150 NORTH ALACHUA STREET**
CITY-ST-ZIP **LAKE CITY FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **EVD** ☐ Delete
NAME **COULTER, WILLIAM P**
STREET ADDRESS **108 E. JEFFERSON ST., SUITE A**
CITY-ST-ZIP **TALLAHASSEE FL 32301**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ~~PD~~ ☒ Delete
NAME **PICCOLO, FREDRICK J**
STREET ADDRESS **6000 AIRPORT CIR.**
CITY-ST-ZIP **SARASOTA FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ~~XX~~ ☐ Delete
NAME **SEALY, JERRY L**
STREET ADDRESS **STATE ROAD 85**
CITY-ST-ZIP **EGLIN A F B FL 32542**TITLE **PPD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **STD** ☐ Delete
NAME **Bill Sherry**
STREET ADDRESS **320 Terminal Drive**
CITY-ST-ZIP **Ft. Lauderdale FL 33315**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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William P. Coulter 3/15/01 224-2964

Date

Daytime Phone #

CR2E037 (10/00)