

# 2002 UNIFORM BUSINESS REPORT (UBR)

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**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

02-28-2002 90081 001 \*\*\*245.00

**DOCUMENT # N94000004252**

1. Entity Name

**FLORIDA AIRPORTS ASSOCIATION, INC.**

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

59-3267141

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

*William R. Johnson, Exec. Vice President* 2/7/02

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

TITLE	PPD	<input checked="" type="checkbox"/> Delete
NAME	BOWLING, FAYE H.	
STREET ADDRESS	150 NORTH ALACHUA STREET	
CITY-ST-ZIP	LAKE CITY FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SOTORRIO, ANA	
STREET ADDRESS	MIAMI INT'L AIRPORT CONCOURSE E 5TH FL	
CITY-ST-ZIP	MIAMI FL 33159	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SHERRY, BILL	
STREET ADDRESS	320 TERMINAL DRIVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33315	
TITLE	EVD	<input checked="" type="checkbox"/> Delete
NAME	COULTER, WILLIAM P	
STREET ADDRESS	108 EAST JEFFERSON STREET - SUITE A	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	PPD	<input checked="" type="checkbox"/> Delete
NAME	SEALY, JERRY L	
STREET ADDRESS	STATE ROAD 85	
CITY-ST-ZIP	EGLIN AFB FL 32542	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Exec. V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William Johnson	
STREET ADDRESS	108 E. Jefferson, Suite A	
CITY-ST-ZIP	Tallahassee, FL 32301	
TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ed Wuehler	
STREET ADDRESS	4796 U.S. 1, North	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32095	
TITLE	Sec. Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Peter Modys	
STREET ADDRESS	1600 Chamberlain Pkwy	
CITY-ST-ZIP	FT MYER, FL 33913	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*William R. Johnson, Exec. V.P.* 2/7/02 (856) 224-2964

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)