Form #2
GREATER ORLANDO AVIATION AUTHORITY
SUPPLEMENTAL TO LOBBYIST REGISTRATION FOR ADDITIONAL PRINCIPALS REPRESENTED
(Use one form for each Principal)
For Calendar Year 20____

Please type or print clearly:

PART I. LOBBYIST'S INFORMATION

Name of Lobbyist______________________________________________________________________
                                      Last Name   First Name   Middle Initial

Do you or any of your employees have a business, professional, or familial relationship with any member of the Aviation Authority Board, Staff or any Aviation Authority attorneys? Yes [ ] No [ ]

If yes, state with whom and explain the relationship:

________________________________________________________________________________
________________________________________________________________________________

PART II. PRINCIPAL'S INFORMATION

1. Principal's Name ________________________________________________________________

2. Occupation or Business of Principal _____________________________________________

3. Occupation or Business Mailing Address (Street, City, Zip Code) ____________________

4. Principal's specific area(s) of business interest ____________________________________

5. Is the Principal a corporation or limited liability company? Yes [ ] No [ ]

6. If yes, please name the chief executive officer or manager(s)

7. Is the Principal a general partnership or joint venture? Yes [ ] No [ ]

8. If yes, please list names of all partners:

9. Is the Principal a limited partnership? Yes [ ] No [ ]
10. If yes, please list the names of all the general partners:

________________________________________________________________________________
________________________________________________________________________________

11. Is the Principal a trust? Yes [ ] No [ ]

12. If yes, list the names of all trustees and beneficiaries:

________________________________________________________________________________
________________________________________________________________________________

Please sign and date this form to indicate the information above is accurate to the best of your knowledge.

Signature ___________________________________

Print Name _________________________________

Date ______________________________________

All additional principals you will be representing must be reported and recorded on a separate supplemental form.

Please return to:

Director of Board Services
Greater Orlando Aviation Authority
One Jeff Fuqua Boulevard
Orlando, FL 32827-4399
Fax: (407) 825-2526
lobbyist@goaa.org