

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:

**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:

\_\_\_\_\_  
\_\_\_\_\_

**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:

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

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

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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:

Chief Administrative Officer  
Greater Orlando Aviation Authority  
One Jeff Fuqua Boulevard  
Orlando, FL 32827-4399  
Fax: (407) 825-2202  
[lobbyist@goaa.org](mailto:lobbyist@goaa.org)