

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 government interest _____

5. Is the Principal a corporation or association? Yes [] No []

6. If yes, please name the chief executive officer _____

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

8. If yes, please list names of all partners (if additional space is needed, please continue below):

9. Is the Principal a limited partnership? Yes [] No []

10. If yes, please list the names of all the general partners (if additional space is needed please continue below):

11. Is the Principal a trust? Yes [] No []
12. If yes, list the names of all trustees and beneficiaries (if additional space is needed, please continue below): _____

13. Is the Principal a partnership, joint venture, corporation, association, trust or non-governmental entity, other than a natural person holding a five (5) percent or more ownership interest in the entity?
 Yes [] No []
14. If yes, please list the names of all natural persons, directly, or indirectly, holding interest (if additional space is needed, please continue below):

15. List the name(s) of any new principal(s) not previously reported and complete the attached supplement form for each new principal: _____.
16. List the name of those principals you no longer represent, or will not represent, during the coming year:

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:

Senior Director of Administration
 Greater Orlando Aviation Authority
 One Jeff Fuqua Boulevard
 Orlando, FL 32827-4399
 Fax: (407) 825-2526