

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90145 024 \*\*\*150.00

**DOCUMENT #** F95000004238  
 1. Entity Name  
 Tampa Football Corporation

Principal Place of Business Mailing Address  
 One Buccaneer Place One Buccaneer Place  
 Tampa, Florida 33607 Tampa, Florida 33607

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 59-3339562 Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
 Jonathan P. Jennewein  
 101 East Kennedy Boulevard  
 Suite 3700  
 Tampa, Florida 33602

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	Malcolm I. Glazer	
STREET ADDRESS	One Buccaneer Place	
CITY-ST-ZIP	Tampa, Florida 33607	
TITLE	VPSPD	<input type="checkbox"/> Delete
NAME	Joel M. Glazer	
STREET ADDRESS	One Buccaneer Place	
CITY-ST-ZIP	Tampa, Florida 33607	
TITLE	VPASD	<input type="checkbox"/> Delete
NAME	Bryan G. Glazer	
STREET ADDRESS	One Buccaneer Place	
CITY-ST-ZIP	Tampa, Florida 33607	
TITLE	VPAS	<input type="checkbox"/> Delete
NAME	Avram Glazer	
STREET ADDRESS	One Buccaneer Place	
CITY-ST-ZIP	Tampa, Florida 33607	
TITLE	VPAS	<input type="checkbox"/> Delete
NAME	Kevin Glazer	
STREET ADDRESS	One Buccaneer Place	
CITY-ST-ZIP	Tampa, Florida 33607	
TITLE	VPAS	<input type="checkbox"/> Delete
NAME	Edward S. Glazer	
STREET ADDRESS	One Buccaneer Place	
CITY-ST-ZIP	Tampa, Florida 33607	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VPAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Darcie Glazer	
STREET ADDRESS	One Buccaneer Place	
CITY-ST-ZIP	Tampa, Florida 33607	
TITLE	VPAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bill Sondericker	
STREET ADDRESS	One Buccaneer Place	
CITY-ST-ZIP	Tampa, Florida 33607	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  DATE: 5/11/00 (813) 270-2700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)