

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90061 012 ***150.00

DOCUMENT # F95000004238

1. Entity Name
TAMPA FOOTBALL CORPORATION

Principal Place of Business ONE BUCCANEER PLACE TAMPA FL 33607	Mailing Address ONE BUCCANEER PLACE TAMPA FL 33607
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3339562

Applied For
 Not Applicable

Zip Country

Zip Country

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

**JENNEWIN, JONATHAN P ESQ
 101 E. KENNEDY BLVD., #3700
 TAMPA FL 33602**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PC	<input type="checkbox"/> Delete
NAME	GLAZER, MALCOLM I	
STREET ADDRESS	1482 S. OCEAN BLVD.	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	GLAZER, JOEL M	
STREET ADDRESS	ONE BUCCANEER PLACE	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GLAZER, BRYAN G	
STREET ADDRESS	ONE BUCCANEER PLACE	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	V	<input type="checkbox"/> Delete
NAME	GLAZER, AVRAM	
STREET ADDRESS	ONE BUCCANEER PLACE	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	V	<input type="checkbox"/> Delete
NAME	GLAZER, KEVIN	
STREET ADDRESS	ONE BUCCANEER PLACE	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	V	<input type="checkbox"/> Delete
NAME	GLAZER, EDWARD	
STREET ADDRESS	ONE BUCCANEER PLACE	
CITY-ST-ZIP	TAMPA FL 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	
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: **Joel Glazer** **04/26/2002** **(813) 870-2700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)