

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90263 029 \*\*\*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**



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

CHECK HERE IF MAKING CHANGES

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

**JENNEWAIN, 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. 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	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

4/21/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)