

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N04247**

1. Entity Name

THE NATIONAL BOXING ASSOCIATION, INCORPORATED

Principal Place of Business

**7501 BROOK HAVEN COURT
TAMPA FL 33634**

Mailing Address

**P.O. BOX 262636
TAMPA FL 33685**

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

59-2426038

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FLANSBURG, WALTER
7501 BROOK HAVEN COURT
TAMPA FL 33634**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	FLANSBURG, WALTER	
STREET ADDRESS	7501 BROOK HAVEN COURT	
CITY-ST-ZIP	TAMPA FL 33634	

TITLE	DVP	<input type="checkbox"/> Delete
NAME	FLANSBURG, KATHY A	
STREET ADDRESS	7501 BROOKHAVEN COURT	
CITY-ST-ZIP	TAMPA FL 33634	

TITLE	D2VP	<input type="checkbox"/> Delete
NAME	SHER, PAYTON	
STREET ADDRESS	2001 W 123RD TERR	
CITY-ST-ZIP	LEAWOOD KS 66209	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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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 617, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90065 032 ****61.25

930420

DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)