

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 841089

1. Entity Name

NATIONAL FOOTBALL LEAGUE ALUMNI, INC.

**FILED**  
May 09, 2002 8:00 am  
Secretary of State

05-09-2002 90020 039 \*\*\*\*61.25

Principal Place of Business

Mailing Address

~~3550 N. FEDERAL HWY., SUITE 400~~  
~~FORT LAUDERDALE FL 33308-1417~~

~~3550 N. FEDERAL HWY., SUITE 400~~  
~~FORT LAUDERDALE FL 33308-1417~~  
~~00~~

2. Principal Place of Business

**3696 North Federal Hwy**

Suite, Apt. #, etc.

**Suite 202**

City & State

**Ft. Lauderdale, FL**

Zip

**33308-6263**

Country

**US**

3. Mailing Address

**3696 North Federal Hwy**

Suite, Apt. #, etc.

**Suite 202**

City & State

**Ft. Lauderdale, FL**

Zip

**33308-6263**

Country

**US**

4. FEI Number

**59-1782262**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**LEISTNER, FRANK, L, JR**

~~3550 N. FEDERAL HWY., SUITE 400~~  
~~FORT LAUDERDALE FL 33308~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**3696 North Federal Hwy**

**Suite 202**

City

**Ft. Lauderdale,**

**FL**

Zip Code

**33308-6263**

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 **C** ☐ Delete  
NAME **MINNIEAR, RANDALL H.**  
STREET ADDRESS **739 WESTPORT RD**  
CITY-ST-ZIP **EASTON CT 06612**

TITLE **PM** ☐ Delete  
NAME **KRAUSER, FRANK W**  
STREET ADDRESS **801 SE 16TH CT UNIT 11**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33316**

TITLE **D** ☒ Delete  
NAME **O'BRIEN, DAVID H.**  
STREET ADDRESS **66 EMERSON ROAD**  
CITY-ST-ZIP **WATERTOWN MA**

TITLE **D** ☒ Delete  
NAME **NOWATZKE, TOM**  
STREET ADDRESS **6000 WHITMORE LAKE ROAD**  
CITY-ST-ZIP **WHITMORE LAKE MI 48109**

TITLE **D** ☒ Delete  
NAME **AMBERG, JOHN**  
STREET ADDRESS **2741 PLAZA DEL AMO #215**  
CITY-ST-ZIP **TORRANCE CA 90505**

TITLE **D** ☒ Delete  
NAME **REDMOND, THOMAS B. JR.**  
STREET ADDRESS **47222 NATHANS DRIVE**  
CITY-ST-ZIP **TAMPA FL 33647**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☐ Change ☒ Addition  
NAME **Rubin, Kenneth A.**  
STREET ADDRESS **2021 Tyler Street**  
CITY-ST-ZIP **Hollywood, FL 33020**

TITLE **T** ☐ Change ☒ Addition  
NAME **Nottingham, Don R.**  
STREET ADDRESS **2651 SE 40th Street**  
CITY-ST-ZIP **Ocala, FL 34480**

TITLE **D** ☐ Change ☒ Addition  
NAME **O'Brien, David H.**  
STREET ADDRESS **66 Emerson Road**  
CITY-ST-ZIP **Watertown, MA 02472**

TITLE **D** ☐ Change ☒ Addition  
NAME **Nipp, Maury**  
STREET ADDRESS **3546 East 15th Street**  
CITY-ST-ZIP **Los Angeles, CA 90023**

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.

**Frank W. Krauser**

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**President & CEO**

**4-22-2002 (954) 630-2100**

CR2E037 (9/01)