

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000002396

FILED  
Feb 24, 2009  
Secretary of State

Entity Name: BUCCANEERS FOOTBALL CORPORATION

**Current Principal Place of Business:**

ONE BUCCANEER PLACE  
TAMPA, FL 33607 US

**New Principal Place of Business:**

**Current Mailing Address:**

ONE BUCCANEER PLACE  
ATTN: ROXANNE KOSARZYCKI  
TAMPA, FL 33607 US

**New Mailing Address:**

ONE BUCCANEER PLACE  
ATTN: BRIAN A. FORD  
TAMPA, FL 33607 US

FEI Number: 59-3374442

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KOSARZYCKI, ROXANNE R ESQ.  
ONE BUCCANEER PLACE  
TAMPA, FL 33607 US

**Name and Address of New Registered Agent:**

FORD, BRIAN A  
ONE BUCCANEER PLACE  
TAMPA, FL 33607 US

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: BRIAN A. FORD

02/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CP ( ) Delete  
Name: GLAZER, MALCOLM  
Address: ONE BUCCANEER PLACE  
City-St-Zip: TAMPA, FL 33607

Title: DV ( ) Delete  
Name: GLAZER, BRYAN  
Address: ONE BUCCANEER PLACE  
City-St-Zip: TAMPA, FL 33607

Title: DV ( ) Delete  
Name: GLAZER, JOEL  
Address: ONE BUCCANEER PLACE  
City-St-Zip: TAMPA, FL 33607

Title: DV ( ) Delete  
Name: GLAZER, ED  
Address: ONE BUCCANEER PLACE  
City-St-Zip: TAMPA, FL 33607

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOEL GLAZER

VTD

02/24/2009

Electronic Signature of Signing Officer or Director

Date