2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9500004123

1. Entity Name

NATIONAL FOOTBALL LEAGUE PLAYERS ASSOCIATION - T

DL

315 PLANT AVE. TAMPA FL 33606

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

TAMPA

14028 CAPITOL

Mailing Address

14028 CAPITOL DR TAMPA FL 33613-2110

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

US

FILED Apr 17, 2000 8:00 am Secretary of State

04-17-2000 90101 011 ****61.25



6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) REGER. JOHN 14028 CAPITOL DR **TAMPA FL 33613** 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) _ 9. Election Campaign Financing \$5.00 May Be Make Check Payable to **FILE NOW:** Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition PD Delete TITLE TITLE BELL, GERARD NAME NAME STREET ADDRESS STREET ADDRESS 8937 MAGNOLIA CHASE CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33647-2220 Change ☐ Addition ٧D Delete TITLE TITLE ٧D NICHOLS, GERALD NAME NAME STREET ADDRESS STREET ADDRESS 7340 REGINA ROYALE CITY-ST-ZIP CITY-ST-ZIP SARSOTA FL 34238 ☐ Addition Change SD TITLE TITLE Delete FRANK EMANUEL SMITH, BARRY NAME NAME STREET ADDRESS STREET ADDRESS 315 PLANT AVE. CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33606 Addition Change TITLE TD ☐ Delete TITLE REGER, JOHN SR. NAME STREET ADDRESS STREET ADDRESS PO BOX 82926 CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33682 , 🔲 Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS

Country

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.

CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP